JOURNAL MISSOURI STATE MEDICAL ASSOCIATION

Volume III DECEMBER, 1906 Number 6

ORIGINAL ARTICLES

MISSOURI SANATORIUM FOR THE TREATMENT OF INCIPIENT TUBERCULOSIS; AND ITS LEGAL FOUNDATION.*

BY W. M. BAYLISS, M. D., MT. VERNON, MO.

An illustrious historian once said, "From my youth up I have heard of nothing but ruin, and witnessed nothing but progress." And while this statement may have been true only in part, the intellectual development in no other age can parallel that of the age in which we live.

In no period of history, have the efforts at research been so admirably rewarded as those in the last half century. Especially does this remark apply to the medical department of our knowledge, and all things else collateral thereto.

Although Missouri did not initiate the present management of incipient cases of tuberculosis, she has shown herself not recreant to her duties to her living, and to her unborn as well.

By virtue of an act of April 15, 1905, entitled an act to establish a sanatorium for the treatment of incipient tuberculosis of the lungs, an appropriation of fifty thousand dollars was made, and a Board of Commissioners was appointed, one of whose duties was the location and construction of the above named institution.

Before entering upon the work contemplated under this act, the members of the commission, as per statutory requirement, entered into bonds to the State of Missouri, in a sum prescribed by the Governor, conditioned that they would faithfully discharge all duties required of them.

After organization the commissioners proceeded to examine the various sites offered by the different cities and towns of that part of the state in which alone the institution could be located—the only region in which we could secure the statutory elevation, and other requirements. This was accomplished with comparatively little diffi-

*Read at the annual meeting, Jefferson City, May 1906.

culty, and we proceeded immediately, as per act above quoted, to visit certain eastern institutions of similar character, for the purpose of obtaining information relative to plans and construction. This would have been a failure had we not secured the services of the able and efficient architect, Senator H. H. Hoenschild, who examined in detail, recording results, every institution visited; and especially did the New York and Massachusetts State hospitals, and the famous Trudeau Sanatorium of the Adirondacks of Northern New York give us every opportunity possible to secure the information desired.

Returning to St. Louis on the fourth of September, we proceeded to the contest of ballots, in the selection for the sanatorium of one of the many beautiful sites among the Ozarks.

The propositions were numerous, some of them voluminous; but the one presented by Mt. Vernon, Lawrence Co., was easily the choice of the commission. It consisted of a two hundred acre tract of land, water and electric light for five years, and telephone service for fifty, together with three thousand dollars in cash, all of which was donated by the citizens of Mt. Vernon.

The site chosen is a beautiful one, on the Frisco railroad, with an elevation of about fourteen hundred feet, two hundred eighty miles from St. Louis, and one hundred sixty miles from Kansas City, both cities being in direct communication through the medium of the above named railroad.

Plans for the institution have been matured and the general scheme as presented and adopted, consists of an administration building and eight villas for "cottage sanatorium purposes," and in the language of the statute, to be constructed of brick or stone, the interior subdivisions to conform as nearly as possible to the most modern improvements, having reference to comfort and convenience of patients therein; and to be as near fire proof as may be with partitions of fire-walls between wards.

Bids for the contract will be opened the fourth proximo, and an earnest effort made to have the institution ready for the reception of patients before the meeting of the next General Assembly.

In view of the fact that the primary object of this hospital is the arrest and extirpation if possible of the disease, only such patients as are thought to come within statutory limitation, and whose general condition is such, that there may be a reasonable hope of improvement, arrest, or permanent relief, should be admitted.

As great as is the necessity for sanatoria for advanced tubercular patients for whom there is little or no hope, such service is unquestionably incompatible with that contemplated by the act creating the Missouri State Sanatorium for Incipient Cases.

The question of tuberculosis is a formidable one: and that it may not be thoroughly elucidated in complete detail within the immediate

future should not stand in mitigation of our failure to endeavor to arrive at important conclusions relative thereto.

During the last two decades, astonishing has been the favorable progress in the management of tuberculosis; amazing as to results, general apathy being changed to increasing zeal.

This may be a dangerous condition, and I fear that even those who have been most valiant in the contest may find it necessary to take a conservative position, lest extravagant claims, made by recent converts and discharged patients, apparently cured, result in reaction and prejudice against the out-door management, which is of infinite value to incipient sufferers. This is brought about by exaggeration of the true facts, which in the end damage the cause by encouraging misguided individuals in distressing conditions to seek relief through a hopeless channel. The defeat to which they are subjected is disastrous in the extreme, and in spite of the efforts of friends of the management to explain away the fallacy of the statements of those not in authority, they and their friends become bitter in denunciation of the open-air treatment, as is now the condition at Rutland, Mass.

Frequently has this question been asked: "Of what value to the state will this institution be?" The answer not properly coming within the province of this paper, we pass it by.

The individual relief afforded is worthy of consideration, and deserving of encouragement—a rational effort, a broad charity—"the best sort of philanthropy."

But one of the most important results to be derived from sanatorium treatment of tuberculosis, is the educational element, which will be of inestimable value to those who, from various causes, may be deprived of the advantages of institutional management; and to others in their efforts to avoid infection.

I wish all could know something of the results of the educational campaign in St. Louis by the combined forces of the Society for the Prevention of Tuberculosis, and the Civic Improvement League. Good has already come of this united effort, and the two societies together are endeavoring, through direct legislation, to secure an equipment with adequate facilities for combating this disease. That there exists a necessity for this institution, we assume as granted—concurred in by all.

The intrinsic value to be derived consists in, first individual relief; second, the educational element—the general information for the masses, not only as to the care of patients discharged, but as to the most improved methods of self-protection against possible infection.

The board of managers to be appointed immediately following the notification to the Governor of the precise time when the hospital will be ready for the reception of patients, will have "all the powers, rights and privileges" given to the boards of managers of other eleemosynary institutions, and to perform all the duties required of said other

boards; and, in the language of Sec. 24 of the act under consideration, "Said Sanatorium hereby established, shall in all respects not inconsistant with this act, be governed by and conducted according to the laws governing other eleemosynary institutions of the State, with like powers, privileges and immunities, as far as the same are applicable and not inconsistent with this act."

In order to assist the deserving poor, and thereby avoid useless expenditures in going to and from the sanatorium, where they receive the first information to the effect that an arrest of the disease is beyond the hope of human possibilities, arrangements, statutorial or otherwise, should be made for preliminary examinations by at least one regularly appointed, capable physician in each county, and possibly others additional in the larger cities, application for said examinations having been made by proper officials of the poor. This would obviate the unnecessary traveling and other expenses of patients who could not under the law, be admitted.

Through such a staff of regularly appointed physicians, an excellent plan of observation of patients discharged as improved or cured, could be established; and an admirable system of correspondence perfected by which valuable statistics can be secured, as is done in similar institutions in other states and countries.

At this point it seems to me an important question arises. What is to be the source of our maintenance fund? Private patients, or those possessing adequate estates, can be admitted as in other state hospitals. But the poor: How are they to receive the heritage?

House bill No. 226 makes no reference to the subject; and I fear county authorities will hesitate. Possibly our charitable, and other humanitarian bodies, such as the Society for the Prevention of Tuberculosis, The Civic Improvement League and other forces yet unorganized, may and it is to be hoped they will, should the necessity arise, come to the relief of the worthy poor until adequate legislation can be secured.

And now in conclusion, I wish to say, that while other locations might have offered greater satisfaction to other portions of this Commonwealth, by virtue of their proximity to the more densely populated centers, we believe the institution to be well situated.

We hope for ample equipment; and when properly officered, supported by a management both vigorous and intelligent; and again by the unfolding of an unbroken phalanx of the only profession having for its goal the alleviation of the sufferings to which man is heir. Then, and only then, can the Missouri State Sanatorium for the Treatment of Incipient Tuberculosis of the Lungs, secure a respectable position in the galaxy of American institutions.

THE WHITE PLAGUE.*

BY H. JERARD, M. D., PLEASANT HILL, MO.

In making some fragmentary and scattering remarks relative to the subject selected for me I cannot hope to offer anything you have not heard or thought of at some time in your medical career. The subject is one that is fraught with responsibilities and no little danger to all of us and to all with whom we have to do. I speak of consumption, the "White Plague" or phthisis pulmonalis, as I shall only think of the disease as it affects the lungs. And what I shall have to say will in no sense be entitled to be called a scientific communication.

As to the immediate cause of this disease I suppose all are now agreed since the investigations of Koch are generally accepted. Just when this bacillus made its advent on this earth we find no record. The Lord may have made him when he made man, but we do not think so. But the early writers such as Hippocrates mentions a disease called phthisis which means "wasting" and is no doubt our old enemy consumption, or as sometimes fancifully termed, "White Plague." The symptoms and clinical picture of this disease are too familiar to all for me to attempt to tell you anything along that line. There seems, so far as the records go, no place on this earth where the bacillus of consumption is not found and no people who do not fall victims to its ravages. It seems to be omnipresent, then why do not all persons have the disease, as all are exposed. It is said that for the world about one-seventh die of consumption. Years ago Dr. T. J. Mays said consumption is "a nervous disease in its origin." And from his viewpoint we think his statement about correct. Because all metabolic processes are under the control of the nervous system and we think that while everybody is daily inhaling these bacilli from the dust of our homes, they do not find a suitable place to germinate because conditions are in favor of the individual and against the bacillus. And also we find that the slaves of the United States in 1860 were no more subject to consumption than the whites. While in 1902 the per cent. among the white population was the same as in 1860, but among blacks or former slaves it had increased 300 per cent. This condition, some might say, is due entirely to changed sanitation, etc., but we think not entirely so, but in a great measure to the care, worry and consequent nervous strain put upon them in the effort to make a living. And that the brain and nervous system endure the strain of this contest is attested by the fact that before the war insanity, like consumption, was comparatively rare among the slaves. In support of this it is stated from Georgia State Hospital for the

*Read at the annual meeting, Jefferson City, May, 1906.

insane was increased 70 per cent among the colored population. In North Carolina 256 per cent. and in Virginia 1,600 per cent. among negroes and that they readily contract consumption. These things go far to prove that this strenuous life with its increasing cares and worries is a potent factor in bringing about a nervous exhaustion and lowered vitality in parent and offspring, thus producing a very favorable state of system for the tubercle bacillus to overcome the natural protectors of our health. We believe the leucocytes, phagocytes, blood plasma, and perhaps other secretions of the body all manifest an antagonism to these disease producers, and proceed to engulf, digest and destroy them up to a certain limit and are generally equal to the task if there is no impairment of their functions by reason of lowered vitality from any cause. We believe that one great cause of this germ getting a place to reproduce itself from lack of proper lung expansion, allowing many cells of the lungs to never functionate or if so but feebly. Hence, in these cells, notably the apices of the lungs, residual air is retained and other effete matter producing a favorable soil for the growth of pathogenic organisms. This is borne out in some degree at least, by noting that avocations which hamper the full action of the apices of lungs do favor the development of consumption. And also by the fact that deep full respiration, when habitual does improve these cases. We say habitual advisably because at this altitude it has to be done by constant thought and effort. But when they go to higher altitudes they feel the demand for more air and breathe deeply from necessity, hence the climate or location benefits them to a marked degree. Now I am aware that some have said and taught that this deep breathing is a mistake as it causes some hemorrhage by breaking up old adhesions and an extention of local diseases. That may apply to some certain case but I think not as a rule. We believe that a perfect functionation for every organ is to be desired and if full inspirations cause pain from breaking up of adhesions it will ultimately result in good by restoring lung function and an increase of leucocytes to diseased area and thoroughly removing disease products.

While it has been said "to tell a person he has consumption is much like reading his death warrant to him," still that depends very largely as to whether secondary infection has taken place or not. As long ago as 1845 autopsies at the Edinburg Infirmary proved that in all subjects dying at or over forty years of age, from other diseases than the lungs, gave conclusive evidence of at one time having had consumption, or tubercle in the lungs, and had entirely recovered. And before this last date Roger and Boudet showed from the Paris hospital that half to four-fifths of persons dying about the age of seventy and not from lung disease, had recovered from consumpton at some former time in life. And we still believe, as no doubt all medical

men do, that thousands every year have consumption and entirely recover from it.

We take it that consumption in its worst features comes from within rather than from without, nor do we wish to be understood to say that pulmonary consumption can come without the infection by the bacillus of Koch, but that the condition of the patient enabling him to become infected is the condition of combat. The efforts of therapeutists for the last hundred years have been to kill the bacillus. That may be ideal, but in my opinion will never succeed. A hundred years ago the people of the large Italian cities and others conceived the idea that consumption was very contagious and passed very rigid laws that anyone afflicted with this malady must be immediately isolated, his bedding and clothes burned, the house stripped of its furnishings, plaster knocked off, floors taken out and burned and not to be again inhabited for a year. They carried segregation and prophylaxis to a degree that could not be done under any but a despotic government. And still we find many medical men and the people just now about ready to repeat their follies, for it did not lessen the disease in the least. The popular treatment now is we think outdoors, and believe it to be rational because it puts the patient in the best environment, makes him eat more and digest better, and as we think the bacillus of consumption is very largely an indoor animal, he is removed from source of continuous infection. The trouble with us often is, we do not see our cases until secondary infection has taken place, or we do not recognize the nature of the infection until this is the case. Then we find our patient has a temperature of say 99 degrees or 99.5 degrees but a habitual pulse rate of 120 per minute, and if this ratio continues for days and weeks you may give your strychnia, good food, reconstructives and fresh air and everything you can think of or your friends suggest, but until some good doctor finds some means of combating the toxemia of secondary infection we shall continue to bury our patients with the "White Plague."

DISCUSSION.

Dr. W. S. Allee, Olean:—It has sometimes been taken as evidence by persons unfortunately afflicted with this disease that where they recognize heredity as a factor it was almost of necessity a hopeless case. We should be more careful to teach the source of this infection. It is unfortunate that our people make these spasmodic efforts at controlling the disease. There is a false conception of what is required, or is even practicable or permissible. You have all known of families which became panicky when they learned that one of their family or one of their neighbors had consumption. They shun the patient's company as they would a leper. Such people should be taught that every healthy individual has the inherent power of resisting this infection when placed under hygienic conditions. Cleanliness, fresh air and sunshine meet all the requirements of those not sick. Another thing, it is unfortunate that our profession as a body refuse to see or to discuss but one feature of a problem at any given time. For the past few years the attention of the profession

has been drawn to the sanitarium treatment to the exclusion of drug treatment. I believe in fresh air and sunshine but I don't believe this is the only method. Our patients should have the advantage not only of hygienic conditions but they should have the best dietetic and the best medicinal treatment known to our profession. It is unfortunate that men of standing in our profession so frequently make loose statements, sometimes quoted as evidence, that there is little in the use of drugs in the treatment of phthisis. Every quack running over our territory takes advantage of such statements to convince the public that they have little reason to expect help from the doctor. But recently a man has been in my neighborhood who has fleeced the people by holding out the statement that he could give the people something that the doctors could not give. He quoted Dr. Holmes, of Boston. The doctor was a brainy man, yet I question whether he was a great physician. As to altitude and climatic changes in the treatment of tuberculosis, I think it is most unfortunate that the profession has expected so much from this source, not but that I believe that there are certain localities that are superior to others for a person suffering from tuberculosis, but often it is wholly impracticable for persons suffering from tuberculosis to seek a change of climate. I don't know of anybody cured by a change of climate without a permanent change of residence. Because it is so often impossible for people to go into a new locality and establish themselves and support their families, too much stress should not be laid upon the necessity for a change of climate. Health is not always to be had simply by going to a different climate. To get results in the treatment of tuberculosis an early diagnosis is absolutely essential. How many times is a case allowed to drift along with a diagnosis of cold, or something of the sort until irreparable damage has been done. I believe that a large per cent. of cases of tuberculosis diagnosticated early and treated by a competent physician is benefited, and that a large per cent. of them is cured. Let us make the diagnosis early and then take the patient into our confidence. Don't tell a man he has consumption. So eminent a man as Dr. Jacoby says, "I tell my patient, 'you have tuberculosis. If it should get worse it will run into consumption. Cases of tuberculosis often get entirely well, so you have no reason to despair.'" You must impress it upon your patient that he must give strict attention to hygienic laws and follow exactly your treatment. Any man can be honest with his patient without depriving him of hope of ultimate recovery.

Dr. William Porter, St. Louis:—In providing for a state sanatorium for tuberculosis, Missouri has made for itself a new epoch. The question of the cure and limitation of consumption is one of the most important and the most remunerative that has ever come before the citizens of any state. In our state, estimating from the official reports, last year it cost nearly $20,000,000 and the deaths were about 5,000. In Illinois the economic loss was $36,500,000 and the deaths 7,000. In the United States at the present rate 7,000,000 of those now living will die of tuberculosis. Now for the other side. The Governor said yesterday that "in three centuries the average life of the working man has been doubled in England." Let me add to that statement. Within three decades the death rate in England and Germany from tuberculosis has been decreased over 50 per cent., and in some of our eastern cities, 43 to 45 per cent. Apply that to our own state and it means an annual gain of $10,000,000 and an annual life saving of 2,500. It means that in this generation there will be a diminishing of the death loss by 300,000.

This, then, is the problem that it is ours to solve and it can be solved, for tuberculosis is both curable and limitable. What is the method? *Education*, education not of the physician alone, but of the citizen. I can not speak of the different factors of this great educational advance, but I would

note two. First, the sense of individual responsibility, especially that of the true, conscientious physician. Every death from consumption is a cry for each of us for more light. Second, the sanatorium. Our state institution and others are not being built to cure all the cases in our state. It is a reasonable estimate that there are 30,000 cases in Missouri. The state sanatorium can at its best, only care for one-half per cent. Of these cases in the incipient stage, a large portion should be cured, not benefited but cured. These will carry into the homes of the state the simple and common sense method, by which as Pasteur said, "consumption will be eventually stamped out." What are some of these? Care, hygiene and prevention of communication, conserving the strength, courage, proper diet, exceeding watchfulness and care of the individual symptoms, clothing, out-door life and the many things that the earnest physician will find to do in each case.

I congratulate the commission on the site selected for the sanatorium and the earnestness they have manifested. I heartily approve of the promise that only the executive building and two infirmaries are to be of the more elaborate architecture, as demanded by the present law. It is hoped that the legislature will so amend the law that the more modern tent and temporary structures may be provided for these incipient cases. One lesson that our sanatorium must teach is that in the early cases the tent, the hammock and the lean-to are better than any palace, and the worst that can happen to an incipient case is to treat him as though he were fit only for the hospital. This is demanded in cases of the second and third degree, but for the incipient case we must seek to return to nature under the most simple and natural conditions. It is in this way that we have a right to expect our sanatorium to be a powerful educator in this great interest in which every citizen should have a part.

Some of our best authorities have said that in 1926 consumption will be as rare in Germany as smallpox is in the United States, and that in ten years it will be as rare in England. What it will be in the United States depends upon us.

I am glad that the gentleman who opened the discussion called attention to the fact that perhaps many of us are placing less importance upon medication than we should. It is true that writers on this subject may seem to hold in reserve the power of medication, but I would not care to conduct a large sanatorium if I were to be deprived of the opportunity of therapeutic treatment. There is no disease upon earth that requires more watching than this individual one. The physician who examines a case and then tells the patient to report in thirty days, is not living up to his obligations to that patient. One very important question is your responsibility in the early diagnosis. When a case comes to us how many of us will relieve the patient of his outer clothing and examine not the front of the chest only but the posterior surface as well? Sometimes we can find there the indications when the condition is still within control.

Dr. J. M. Allen, Liberty:—We must recognize the fact that germ life is just as much dependent upon environment as human life. Carrying this idea with us we can better comprehend the effects of germ life on the human structure as well as the application of remedial treatment. Again, we must remember that germ life like ours is limited to as fixed a period as ours, and that the duration of its life in the human body depends solely upon how soon the pabulum upon which it grows and develops is consumed. This period varies in different germ diseases; indeed in the individual it may differ as to time of duration. We see this strongly illustrated in the exanthemata which only lasts a few days; in typhoid fever, smallpox, etc., germ life may continue much longer.

The same is true of phthisis pulmonalis. The germ of tuberculosis has a natural selection for the structures in the order they are named, viz: The apex of the lung; the duodenum; the glandular system; bone. The germ is supposed to enter the human system through the fauces or tonsils, then passing through the glandular system to the point of natural selection.

The germ of phthisis is not in itself very destructive to tissue nor is the irritation it produces enough to create much fever, but it is always associated with other destructive germs, the staphylococcus and the streptococcus, which produce the febrile symptoms.

This pabulum upon which the germ of tuberculosis exists can not be explained only by heredity. In former days all cases of abscess of the lung were considered as phthisis pulmonalis no matter what was the cause of the abscess. Today with the microscope this mistake should not be made. I have within the last five or ten years witnessed five cases of abscess of the lung that were produced by either chronic interstitial pneumonia or thrombosis, in none of which did there exist the germ of tuberculosis. As a negative but strong testimony that phthisis pulmonalis in the individual without heredity transmission of this pabulum never occurs let me refer to the thousands of physicians who have had thousands of times the tubercle bacilli conveyed into their mouths and never had phthisis pulmonalis; nor do I believe, again excluding heredity, that it is ever a congenital disease. If this is true then the proper course for us to pursue to eradicate this great white plague is to legislate with reference to marriages.

Can phthisis pulmonalis be cured? My answer is, yes a small per cent. can be cured. This answer presupposes that the lung is the only structure involved. If, however, the duodenum is involved we lose a sheet-anchor in treatment because a disease of this organ practically excludes fatty matters, carbohydrates and saccharine matters, thus depriving us of a great essential, food and nutrition. If this organ is not involved I always give a favorable prognosis if I can control the medication, the nutrition and the climate.

I have three cases that I treated over twelve years ago in which the diagnosis was verified repeatedly by the microscope, that are now well. These are in Missouri.

Let us take a physiological view of the treatment, beginning with the point most frequently attacked, the lung. Nowhere in the body can we bring the *vis medicatrix naturae* to our assistance as in the lung by increasing the amount of blood passing through it, thereby bringing to bear the soldiers of our bodies to fight the enemy, the leucocytes. This is done by regular, systematic gymnastic exercise of the lung by inhalations; and at the same time, heavy massage of the muscles of the chest. The patient's chest should be measured accurately at the beginning of treatment, then every third or fourth day afterwards, and as the air cells develop by the increased amount of nutrition and this distention you can measure the prospects of a favorable termination. This gymnastic exercise of the lungs should be practiced every eight hours. The patient's occupation should keep him out of doors in the fresh air as much as possible during the day, then well ventilated rooms for sleeping. His digestive tract should be carefully investigated and only food selected that is easy (for him) to digest and assimilate. If there should exist fever and night sweats we may take it for granted that the lung has been invaded by the germs staphylococcus and streptococcus. Internal medicine will not arrest these fevers and night sweats but serum prepared especially for the destruction of these germs will do it promptly. From two to four days daily injection of full doses will arrest the fever.

Internal remedies: I place beechwood creosote at the head of the list. A favorite combination of mine is creosote 5 drops, tincture of nux vomica 10

drops, tincture of cinnamon one-half dram, glycerine one and one-half drams, three times daily before eating.

I do not pay much attention to the cough unless it is harassing; then I use the hydrochloride of heroin.

Now in regard to the value of serum: I have treated three cases successfully with the use of serum in combination with the other treatment mentioned above and think I derived benefit from the serum, but would not be willing to risk it alone.

As to climate: There is no question that there are climates where the tubercle bacilli can not live and develop. This is the climate for phthisis. The same fact is true of other germs, for instance, malaria, yellow fever, cholera. In the United States the West is the best place for the consumptive. My results have been best in Arizona and I send my patients there in the first stage with the advice to make it their homes. However, a few have returned and are enjoying fairly good health.

If my patient has a good appetite, digests and assimilates his food well, I never use tonics. If I need further tonics I confine myself to the glycerophosphites. I enter my protest against the use of alcohol, believing that it is injurious.

I think it very important to pay careful attention to the function of the heart and its nutrition. This is met with tincture of digitalis and tincture of strophanthus.

I rarely use cod liver oil, never if there is any duodenum inflammation. The same is true with reference to the use of iron.

Dr. W. F. Morrow, Kansas City:—This question has always been one of great importance to most practitioners of medicine. Tuberculosis in one sense of the word is in close relation to a malignant growth, i. e., as soon as you have made your diagnosis you lay down. There are many things we overlook in the care of these patients. One of the great things to be considered is proper food-nourishment. Another thing is proper surroundings. These patients should be placed somewhere under the jurisdiction of a comptent superintendent under the support of the government. There is no move on the part of the profession that requires more encouragement and assistance than the effort to establish an institution for the care of these patients down here in the state. Much responsibility devolves upon the profession in starting that institution and placing it under rigid rules. It should be under the control of a thoroughly competent man, a man wide-awake to the conditions which confront him. Until last July I was a member of the State Board of Health and I am going to tell you some things I learned there in connection with this disease. The State Board of Health should be composed of men thoroughly competent to fill these places and this institution should be placed very close to the State Board of Health. There are now through this state organizations in every county and it would be very easy to accomplish this. If you allow these cases to fall into the hands of a careless doctor you can not tell where it will end. Now, as to the doctor; if the doctor is properly equipped and understands the clinical appearance and can watch the patients carefully afterward this is of the greatest importance. I don't believe much in heredity, but if you will stop tuberculous people from spitting in hotels and elsewhere you have done a good deal. Every time those bacilli are spit into the street they are dried and breathed up by hundreds of people and what will be the result? I am not afraid of contracting the disease while I am in a state of health but let our powers of resistance be lowered from some cause and we are just as susceptible to it as other persons. The principal, I might almost say the only feature of great importance is the education of the public. It is not uncommon to find a

mother full of tubercle bacilli nursing her infants. You will never accomplish what you are trying to do until you teach the public that there can be and should be protection of these people and show them how, teach them how to protect themselves from the white plague.

Dr. A. H. Vandivert, Bethany:—There has been nothing before this society more important. I fully agree with all that has been said. I am here only to add a few remarks to emphasize the points made. The education of the masses is important. An arrangement should be made so that every school teacher can be examined that it may be known that children are not going into schools loaded with these bacilli. It is common for our schools to be infected with tuberculosis. The hygienic conditions of schools is likely to bring on an irritation that leads to the development of tuberculosis. Education of the people is an important matter and when a correct understanding of these things is sufficiently spread among the masses it will relieve the profession of a great burden. As I construe the literature there are three essential points in the management of this disease, abundance of fresh air, good, nourishing food and rest. These are the cardinal features. The climate does cut some figure but the comforts of home in any climate are better than a most salubrious climate without such comfort. How many patients are sent to the mountains where they must do without the comforts of home and the object in their going there is defeated because they have not these comforts and the opportunity to take the rest that is essential. Now as to the treatment. One thing that is prominent is the cough. There may be a wholly unnecessary cough or there may be an excessive cough; they cough much with little expectoration; or they may not cough enough to clear their lungs of this material. If the cough is unnecessary or excessive it should be controlled, yet you want to get rid of the offensive material. This is an important point. Then, in those cases of tuberculosis where you have a mixed infection from other bacilli you have a serious condition to face and there is where the fixed inflammatory process develops in the breaking down of the lung substance.

Dr. C. A. Mitchell, Blythedale:—The great question that has bothered us is heredity. If we only take the position that we inherit strong or weak cells then we can easily educate the people along the proper lines. Everyone in health has an autoantitoxin within himself. If you will get rid of this troublesome idea of hereditary taint then you will have accomplished a good deal. As to a change of climate, the depressing effect of a change of location is a very bad thing. There have been many theories as to the best climate. In 1840 or 1844 a number of tuberculous patients went into Mammoth Cave. They built cottages and put up tents to live in. The idea was to secure a perfectly equable climate. After being in there a few months without sunlight a film developed over the eyes, and the inevitable breaking down followed and none of them ever lived to get out. As to the matter of county health boards, I would recommend that every county have its health board to pass upon the health of each teacher that enters our public schools. Another point is the increase of the tuberculosis death rate here in our country when there is such a decrease in Europe. That should certainly be a lesson to us.

Dr. Jerard, in closing:—I agree with everything everybody has said. Twenty-five years ago I was exceedingly pessimistic, now I am optimistic because I think the clouds are breaking. One speaker wants to cure consumption by an increased blood flow to the lungs. Dr. Patton, of Chicago, claims that in no initial case of heart disease followed by a serious condition did a case of phthisis pulmonalis ever develop. We have all heard of cures by the application of galvanism to the pneumogastric. And we have tried

all of the methods, nearly, but we don't get the results we see published. How many cases get well by these reported procedures we don't know but we do think that a number recover under these treatments. These cases must be carefully selected. What is good for one case is not good for all. We should be very careful when these cases come to us in saying that we can not cure them, for if we do they will only go to somebody who *will* give them something that they are told will *cure* them. As we are animals the most successful way of meeting conditions would be to improve the species. If we could do that by breeding we would get the ideal condition. As to the diagnosis, if we are going to wait until we find the bacillus before we make the diagnosis it will come too late for practical purposes. I don't wait for that when I know a patient has consumption. Rather than wait for the microscope to make the diagnosis, let us throw the microscope away.

Dr. Porter, in closing:—I have just been asked to present to you very earnestly the necessity for your support of our state institution. I am not a politician, I scarcely know to which party I belong, but in this great work I am a partisan. It is the most important work that could be brought before the citizens of this great state. If by education we can save $10,000,000 to our state every year by methods now working in Philadelphia and fail it is no one's fault but our own. If we save 40 per cent. of the 5,000 who annually die in our state, it is a humanitarian service it is ours to compel. If in fifteen years tuberculosis can be made comparatively unknown in England, what can be said of us if we allow this disease (a parasitic disease which Pasteur says can be stamped out) to run rampant through the families of Missouri? When I see what should be done, what can be done, what is ours to do, I feel that no burden that can be put upon me is worthy of consideration if I can advance this cause. Some two or three years ago this matter was under consideration in this building, but it was pigeon-holed. The next year we received only $50,000 against $10,000,000 we expect to save in this state. And even this gift has been so handicapped that it can not be all utilized for building by the commission. And yet this commission has formulated plans and is interested in it as an educator. This institution is for the care and restoraton of the tuberculous. It is not for the cure of advanced consumption but for the cure of tuberculosis, the incipient stage of the disease. With these people restored to health you are sending back into the homes of Missouri missionaries who will tell the people how to live. What is this worth to your state? Not merely the one hundred cases that get well every year, though that is worth a good deal to those hundred people, but you have this incentive to do better work. I believe in the *argumentum ad hominem*. If this is such a great saving, the proposition is with you, that you use your influence, see the men who are influential, ask them to consider this matter, ask them to follow the lead of our Governor, who today assured me of his exceeding interest in this matter. Place at the head of this institution a man who will worthily represent it and you will have a teaching element that will be of more value to our state than any other factor. When you go home will you not bear this in mind? Will you not say to your legislators that $500,000 can be well invested within the next three or four years? If you will write the secretary of the Society for the Prevention of Tuberculosis in St. Louis he will be glad to send you literature on this subject. You have a duty to perform right now in choosing your representatives. Why, two years ago our committee was nearly smothered because of the meeting of the committee on horse racing and they had ten to our one. But today horse racing in this state is nearly dead and we are very much alive. As to the expenditure of money, I believe this commission is doing its best. Some of us have been a little censorious regarding the elaborateness of some of the buildings, but the law has demanded this and at the next meeting of the legislature this can be changed and the commission empowered to utilize the lean-to. If each physician in this room will recognize this state institution as his own charge and that he can not shift the responsibility the result of the work will never be in doubt.

LIMITATION OF SURGICAL PROCEDURES IN CANCER.*

BY G. WILEY BROOME, M. D., ST. LOUIS, MO.

Out of all these years of arduous labor and self-denying effort on the part of scientific members of our profession, the essential cause of cancer remains as much of a mystery today as ever. Plainly stated at the outset we can all agree that the especially distinguishing nature of carcinoma is due to the fact that the disease sooner or later invades the neighboring tissues, enters the lymphatic channels from its starting area and finally gives rise to regional and general metastasis—a condition for the lack of a better term we describe by the word malignant. Then again we are forced to agree that the disease begins as a local affection and in this stage the possibilities of surgery have been frequently demonstrated, but in the class of cases to which this paper especially relates—I mean those in which the carcinoma occurs in the cavity of the abdomen—the fact is just as clearly proven that barely ten per cent. of all the patients with carcinoma within the belly cavity come within the reach of complete surgical eradication for the simple reason that the disease has gone beyond the primary stage of its existence, notwithstanding it is possible for you to read reports every day from one or another of the many enthusiasts who undertake extreme radical operations and in most instances as a mere routine plan of practice. A newspaper report published only yesterday tells us that at a cancer hospital in St. Louis thirty-one operations were performed and the operations were all major and all successful. The inference is that the person writing the report meant to convey the impression that the thirty-one operations performed for cancer up to this date in this hospital were all of the gravest sort, but all were cured; and since the report was published in the public prints for the benefit of the public and especially the victim of cancer many lay persons might be mislead into a misinterpretation of just what can be done in a curative way for those afflicted with this dreaded disease.

At the very introduction of this paper I want to emphasize a certain material phase, which I fear is being lost sight of by the more zealous operators. I refer to the underlying principle which should apply in all departments of the healing art and that is that the prevention and successful treatment of any disease must depend on the neutralization or removal of its cause and that the sensible and scientific progress in the treatment of cancer can only be hoped for after we have succeeded in elucidating its essential cause. Enthusiastic surgical radicalism must give way to a just appreciation of our position in regard to the etiology of this mysterious enemy to mankind, un-

*Read at the annual meeting, Jefferson City, May 1906.

til it can be shown that our efforts shall prove helpful instead of mutilating and maybe harmful.

Cancer of the stomach and intestines may remain a surgical inheritance, but in my judgment remain so far the single reason that, in these particular anatomical localities, a surgical procedure is the only method left us in the present state of our knowledge, to reach and relieve certain advanced obstructive conditions which are the causes of extremely distressing and death dealing symptoms. While a well-timed surgical procedure may thus afford relief and comfort to the patient suffering from mechanical obstruction due to a malignant growth, on the other hand no patient so afflicted has ever been cured by this means, and we are therefore forced to admit that the present position of surgery in regard to cancer of the stomach and intestines, is at the best only palliative. Every conscientious surgeon must feel that much harm has been done and the lives of some patients shortened by extreme efforts on the part of the over-enthusiastic in trying to make surgery a curative agent in the different forms of malignant disease. I have a case in mind which may serve to illustrate the serious effects of this operative furore. A middle-aged man called upon me some months ago who, among other things, explained that he was then having some dental work done. The dentist noticing several hard masses projecting from the roof of the mouth, suggested that before proceeding further with the treatment of his teeth he consult a surgeon for the purpose of ascertaining the nature of these lumps. I readily diagnosticated the case as epithelioma involving the hard palate. He had never entertained the slightest suspicion of such a serious affliction. In fact, he had always enjoyed the best of health and said at the time that he never felt better in his life. I advised him in several things relating to the treatment of the case, but I especially advised that no surgical operation should be done. I did not see him again until at the end of about ten days, when I met him on the street. He informed me that upon leaving my office he met a near-by physician, who was a friend of his and who had had great success with cases like his own and who had advised immediate surgical operation. The next I heard of this most hopeful-appearing man was that the operation had been performed and that the man had been dead and buried long since. As in this case, so it had been for years in the hands of the over-zealous. The resources of surgery have been taxed to do certain elaborated operations which, even if feasible, are so often fatal and so fruitless of benefit—a triumph, maybe, of surgical art, but not a triumph over disease. History repeats itself in regard to enthusiastic heroism in surgery. These followers generally champion extreme views and recognize no exceptions but persistently pursue the routine practice.

In regard to remedial measures independent of surgery in the treatment of cancer in general, of the more conspicuous use of the

principles of bacteriotherapy as advocated by Fehlison in using the toxins of the erysipelas coccus, and by Coley in combining with it the bacillus prodigious, to defeat the growth of malignant tumors, there have been reported enough well authenticated cases to establish the fact that a few tumors, mostly of unusual types of sarcoma, have been seen to retrograde and, in some cases, to disappear. Can we justly accord even so much to surgical utility in this most treacherous form of malignant disease? In the treatment of epitheliomas and the surface cancers in general, one has but to read the excellent papers contributed by Pusey on the uses of the x-rays. He and others have shown that in many instances the proper use of the x-rays have effected complete cures, that is, cured in the sense that the diseased tissue has been converted into healthy scar tissue, and remained so for years. Pusey declares that he is ready to maintain that the result of the x-ray treatment of epitheliomas are as radical as the results following operation. Further, there are certain features of the treatment of epitheliomas with the x-rays, such as the freedom from pain for the patient, the more satisfactory character of the scars, and greater range of usefulness which entitles the x-rays to be regarded as the preferable method of treatment of most epitheliomas.

In regard to the carcinomas situated in the abdomen, the opinion is expressed that something can be done with the x-rays even in these cases when the necessary improvement in the technique shall have been effected. The fact that the spleen in leukemia can be bombarded out of existence with the x-rays without damage to the over-lying skin, has led to this conclusion. It is also well known that large masses of glands of Hodgkin's disease disappear from the mediastinum from x-ray exposure, and the same thing happens with similar masses of glands in the pelvis. If these things can be done with the x-rays, it is not impossible to suppose that some effect can be produced upon masses of cancerous tissue similarly situated.

But up to the present day, surgery, by common consent, possesses the only hope that we have to offer these unfortunate patients, and in view of the situation the question naturally presents itself: What are the legitimate surgical limitations in regard to cancer of the viscera of the belly cavity? I myself am quite convinced that no surgical effort should go beyond the simple extirpation of the primary nest of cancer cells and the further palliative procedure necessary to remove any obstructive condition found to be present. In other words, extreme radical measures should never be resorted to, such as the removal of the stomach and other extreme operative procedures. The good results do not justify such mutilation. In verification of this, look at the outcome of the work at the Massachusetts General Hospital for the last ten years preceding the year 1900. In that institution there are at work some of the most careful and skillful surgeons in the country. There was a total of 77 cases of cancer of the intestine

operated upon by various surgeons during that period. Thirty-six per cent. died in the first week, 19 per cent. before the elapse of four weeks, 18 per cent. within the first half year, 5 per cent. between six and twelve months 11 per cent. between one and two years, 5 per cent. between two and three years, and 3 per cent. still alive. Thus less than 30 per cent. lived longer than six months after the operation.

I believe it is the trend of the practice of the best meaning men of our craft now to limit their work to the things they know by experience they are able to accomplish and for the immediate benefit of the patient and no further. There are no statistics kept by any of the institutions in St. Louis from which we may learn the actual results of the treatment, surgical and otherwise, relating to purely cancer cases, but I can safely say to you that for the past ten years there have been about 365 persons die of cancer each year. That is, in St. Louis an average of one death every day. In November last there were reported forty-three deaths from cancer, and in the month of November, 1904, there were 29 deaths from the same cause. This is significant since it would seem to indicate that if any improvement has been made in the treatment it is not shown in the mortality reports. If any one is curious enough to carry there figures to cover the number of deaths from this disease in other cities, states and countries, he may gather a fair estimate of the extent of human happiness and life destroyed by this disease in a given time. For instance, should we calculate on the assumption that neither abode nor habits of life furnish exemption from this affliction, we may reasonably conclude that this ratio of deaths occurs everywhere throughout the world, so that if cancer has destroyed four thousand lives within the last ten years in St. Louis alone, the population being six hundred thousand, the State of Missouri, which has a population of 3,200,000, has sustained the loss of 21,000 lives during the same period of time, and a great state like New York would, during the same time, has lost by death from the same cause 47,952 of its citizens. And in the United States, with its 80,000,000 inhabitants, 532,800 lives would have been sacrificed. If we carry these calculations to cover the people of the earth, estimating the rate upon the same basis, the total number of lives destroyed by cancer in the last ten years will reach most startling figures, which are rendered all the more shocking because of the fact of our heretofore absolute inability to reduce the number of deaths. There are other diseases that cause a greater number of deaths, it is true, but there is no death producing disease in the treatment of which we have felt so entirely helpless as in that of cancer. Briefly, then, let us look at the figures representing about the total number of deaths from cancer throughout the world in ten years. On the four continents of the earth there were before 1900, as nearly as it was possible to determine, 1,873,200,000 peoples, namely: Africa, 5,000,000; North America, 380,000,000; South America, 300,000; Asia, 1,487,900,000.

Of this number of human beings I am not very far amiss when I tell you that perhaps thirteen millions of lives have been destroyed by a disease, the etiological influences of which are so subtle and deeply hidden as to still remain beyond the grasp and comprehension of us all.

I must not neglect to refer to one community of the peoples of the earth which appears to be not only wholly exempt from invasions of all forms of malignant disease but also entirely free from tuberculosis and many other similar afflictions. I refer to the natives of Greenland, the Eskimos, who live in the heart of the Arctic region, in the land of perpetual snow. "These people are all children, contented, peaceable, honest and hospitable; they are without a ruler and without any ambition for fame or power—an ideal socialistic community, where property is held in common, politics and the strenuous life unknown, and where all are on the same social plane. They seem to be immune to most of the diseases common in civilized life, and yet they are the filthiest people in the world, so far as the personal care of the body goes. They never wash, not even the face and hands. The smell of the fur clothing and the secretions of the skin are productive of a stench about their persons, and especially in their igloos and tents that is characteristic and, at first, very obnoxious to the visitor. They do not marry in the sense in which we use the word, but mate like animals for convenient periods of time, which may be for life, for a year or only for a hunting trip of a few days." They have neither physicians nor medicines. As I have intimated, tuberculosis and malignant disease in every form are unknown among the natives. It is related that six persons brought to the American Museum of Natural History in New York all quickly contracted pulmonary tuberculosis. In less than six months four of them were dead. The single one who returned to his Arctic home and resumed his former manner of living made a speedy and permanent recovery — a strong argument in favor of the Arctic region for the consumptive. No wound ever suppurates but by a process of aseptic gangrene frost bitten members of the body heal and allow the individual to move about, but in some instances, upon the denuded bones of his feet. Venereal diseases prevail since the white man's visit, but syphilis pursues a mild course and eventually fades out of the body.

The explanation for all this seems to be found in the food they live upon, which consists wholly of iodized raw animal meats. Salt water contains iodin and all animals living on it, and all animals which live on sea food, absorb more or less of this chemical substance. But does this account for the total absence among these peoples of all tumor formations, either benign or malignant? If not, what is a reasonable explanation of the bestowal of this special favor of immunity upon these people.

Let us at all events confine our surgical efforts in regard to cancer cases within the limits of the rule that "when we can do no good we

must do no harm," and in the mean time abide in the faith that a more natural and a more effective and a more scientific remedy will be discovered for the treatment and cure of the carcinomas occurring within the cavity of the abdomen, for, in a way, malignant disease of this anatomical locality is about all that is left to us in the treatment of which no clearly developed or substantial progress has been made from other directions.

REPORT OF A SERIES OF FOUR CASES OF CARCINOMA OF THE CECUM; THE FOUR CASES COMING UNDER TREATMENT WITHIN THE LAST YEAR.

The cases I am about to report it may be said furnish extraordinary features peculiar and distinct to themselves. I wish to explain at the outset and repeat the explanation later along in order to emphasize the facts relating to the circumstances which brought these rather unique and extraordinary features so forcibly before me.

In the first place, this series of four cases all proved, upon opening the abdomen, to be malignant disease of the ileo-cecal coil and yet not one was so diagnosticated before the disclosures by the abdominal incision. In the second place, the belly was opened in each case except one, by the median incision, which circumstance greatly embarrassed me in the further exploratory investigations and the operative procedures instituted.

First case. A married woman, aged 32, came to me in May of last year. She had a history of ill health for several months. During this period of time she lost some twenty pounds in weight. Her complexion was sallow but she was still a fine looking woman. Upon at least two occasions she suffered severely from attacks of colic and the physician sent for administered morphia hypodermatically. These attacks were followed by diarrhoea. She was positive the attacks were caused by after-theater suppers, lobsters, etc., although she stated she had really all of her life experienced much difficulty in keeping her bowls regulated. During the past few years she had undergone several forced miscarriages and following one or two of these she had a high temperature with much tenderness in the abdomen and had since constantly suffered from pain in her right side. I took the case to be a pus tube and two or three days following I opened the abdomen and found a well defined carcinoma of the ileo-cecal coil with almost a complete obstruction of the valves.

This, I may add, almost overwhelming condition was disclosed in the absence of my regular assistant, whose presence was not considered necessary as the case was looked upon as only an ordinary pus tube. The assistants at hand were only those which constitute the operating room nurses but here was practically complete obstruction with a limitation of the involvement to an area covering the intestinal walls and not much beyond the ileocecal coil, rendering it a

case coming clearly within the demands of immediate resection. After a moment's hesitation I asked that preparation be hurriedly made for the excision operation. The anastomosis was effected by means of the Murphy button, end to side. The patient did well until after the lapse of three weeks, about the time of the discharge of the button,

when the abdomen commenced to swell, the temperature at the same time rising with much general disturbance. I introduced a probe through a stitch hole and upon withdrawing it learned that the leak causing all the trouble was from the bowel, i. e., fecal. On the next day (Sunday morning), under chloroform, I opened the belly by an incision along the outer edge of the rectus and found the condition such that my only recourse was to establish a fecal outlet upon the abdomen after a most thorough irrigation and manipulation of the adherent intestine. The temperature dropped now to almost normal. She began to take nourishment soon and did well for several weeks, during all of which time the fecal fistula was kept patent. At the end of the fourth month following the operation she began to develop general sepsis and in the tenth week after excision of the cecum the patient succumbed to exhaustion.

The second case was that of a boy sixteen years of age who came into my hands in the month of May last. He was not greatly emaciated although had lost about fifteen pounds in the last preceding

three months, but the muscles of his abdomen, limbs and face were round and firm, although he had been ill for three months, confined to the bed one month, and the preceding two constantly complaining. I found a temperature of 102, surface of the body dry and hot and a tumor mass lying centrally in the upper part of the belly, a little to the right of the umbilicus. The patient had been growing worse rapidly and he had from time to time passed small quantities of blood. His physician had been unable for several days to secure a satisfactory action of the bowels, although there had been much straining and distress. I took it to be a case of tuberculosis, perhaps of the omentum with disintegration of portions of the tumor mass and possibly inflammatory entanglement of the bowels.

I opened his abdomen and found a solid tumor encompassing the entire ileocecal coil with many clusters of hydatids. These I scraped out, washed the belly with several pitchers of hot saline solution. I lifted the cecum from its fixed position but the patient's condition was so bad that further operative intervention could not be executed, so I filled the belly with the salt solution and closed it, but the patient died the following night.

The third case was that of a widely known lawyer, aged fifty. He came to me with his family physician with a diagnosis of simply indurated deeply situated lymph glands in the right side and these the patient wanted removed. The cause of the induration of these glands I was told, was due to a treatment which he formerly underwent and which consisted of the injection of goat's lymph into this region. This treatment extended over a period of several months and immediately following he was sure that a swelling resulted therefrom. He had complained only of moderate constipation, believing that his condition in this respect was no worse than the average man who is much confined to his office. His general appearance was that of a man in fairly good health, a well rounded belly and muscles firm, appetite good but he thought it full of vagaries. I noticed that his breath was quite foul and he said that one of his chief difficulties was the accumulation of gas in the bowels. He said he usually slept well, never took narcotics, never drank alcoholic stimulants, but formerly smoked cigars moderately. His weight was 170 at this time, normally it was 190.

He went to the hospital and the next day I opened the abdomen by a cut along the outer edge of the rectus on the right side and found for the third time in this short period a carcinoma of the cecum with a great number of these same little bladders which I have designated as hydatids, which were filled with a jell-like substance and to which I referred in case number two. I cleaned the belly thoroughly of these by irrigation and otherwise but upon examining the cecum more carefully and the ileum and colon, I found them to be quite free of obstruction. The infiltrated mass occupied the walls more especially

of the intestine. I pushed my finger through the ileocecal valves into the colon and believing there was no immediate danger of obstruction and finding no mass within the lumen of the gut, I considered it a case demanding delay before exposing the patient to the risks of a resection. I thought, from the conditions present as I found them that the patient would have at least a year before the cancerous growth would produce obstruction of the gut at this point. He left the hospital in two weeks and shortly thereafter wrote me as follows: it must be remembered the patient was operated upon early in July last:

July 31st.

Dear Doctor:

"I arrived home in good shape. The wound has entirely healed and I seem to be doing well. I gained four pounds the first week. My digestion is not as good as I would like but I think it improves as I grow stronger."

In the middle of August I left the city for a trip through old Mexico and a Chicago doctor learning of this patient's condition, suggested that a resection be made at once. On September 18th I received a letter from his son dated September 13th, as follows:

"My father was examined by both Drs. Murphy and Frank Billings today and both urge immediate operation. He will go to the Mercy Hospital tomorrow and will be operated upon Thursday morning."

I learned from the family physician that the belly was opened by Dr. Murphy but that a resection was not made, and in order to verify my judgment that a resection could be delayed for the reason that there was abundant lumen of the bowel still remaining, on the 16th of November or about one month after Dr. Murphy's operation, the family physician wrote me as follows:

"Yours of Tuesday duly received. As to the Judge's case I feel that I can advise little. He is feeling fine, digestion good, bowels in good condition, and weight now 185, fifteen pounds more than before you operated upon him and six more than when operated upon in September. He looks the picture of health and is working all the time now, at the office all day and reading and working at home in the evening. The astonishing thing to me is his general condition and his appearance."

The fourth case. This man, aged about fifty, came to me in August last with a diagnosis of Banti's disease, a tall man, complexion and skin sallow, feet slightly swollen and evidently a small quantity of free fluid in his belly cavity. He stated that his normal weight was 170 pounds, weight at this time standing 145 pounds. He had been ill since April, had not used tobacco but it was his habit to take one to four drinks of whisky daily prior to the time when he commenced to grow ill. There was a well defined tumor lying a little to the right of the median line, about opposite the umbilicus and extend-

ing up under the liver. There was no history of bowel obstruction. He said that he was inclined to be constipated always and for the relief of this was taking apperient water, a glass each morning, but that he experienced no special inconvenience from his bowels. I took it to be a case of greatly distended gall bladder. Upon opening the abdomen I not only found a cancerous mass surrounding the ileocecal coil but a hard and thickened condition of the colon extending up almost to the arch. The cecum and ascending colon were securely fixed in this mass of cancerous tissue and I at once decided upon an ileocolostomy. The patient did well immediately following this operation and at the end of the third week he commenced eating solids daily, which he kept up for a month, at the end of which time he tired of this form of food. During most of this time his bowels acted regularly. There were no special incidents in the progress of the case aside from that noted of the fecal circulation being carried on through the new route without apparent interruption, which was a great satisfaction to me. At the end of October he was suddenly overcome with a fainting spell. Soon following he became nauseated and vomited a quantity of black blood. The next day he passed blood from the bowel several times attended with distress. He died of exhaustion one week after this hemorrhage.

I wish to add, in concluding the report of this case, with some degree of emphasis, that at no time in the progress of the case were there symptoms which would tend to lead one to believe that the lumen of the bowel had been much impaired at any point.

This series of cases was operated upon at the Missouri Baptist Sanitarium. The first case, as I have related above, was operated upon with the assistance of the nurses alone, an operation perhaps more formidable and trying than any other in all the category of surgical undertaking and was executed, I should say, as rapidly and satisfactorily as one could wish under the extraordinary circumstances. The special feature of this case as well as all the others, lies in a mistaken diagnosis. In each one of this series of cases the early diagnosis proved at the operation to be incorrect, although I may add that I suspected a possibility of malignancy in the third case, i. e., in the case of the Judge whose abdomen was again opened but this time by Dr. Murphy on September 14, 1905. The errors not only led me into trying situations, but in the first, second and fourth cases the abdomen was opened by an incision in the median line and this added materially to the embarrassments already encountered and made the task of manipulating for examination and in completing the operative work all the more trying. This was especially unfortunate in the first case, i. e., where I had to complete the resection and properly effect the anastomosis through an opening in the middle of the abdomen, which proved a most tedious and trying task, and, too, without the help of an assistant accustomed to the work.

Diagnosis.—Awhile ago I addressed a number of questions relating to the diagnosis and surgical treatment of cancer of the cecum to a number of surgeons and these replies with but a few exceptions would seem to convey the idea that it is necessary to find the presence of a tumor in that region before one may feel certain of cancer of the cecum. Senn's postulate would have us put much faith in the presence of an obstruction at the ileocecal juncture if malignancy is to be expected.

The Mayos, who have had perhaps more than an equal share of these cases, add that "the symptoms of malignant disease of the cecum are colicky pain, constipation alternating with diarrhœa and progressive wasting. The tumor may be felt in some cases. In the later stage intestinal peristalsis can be plainly seen through the attenuated abdominal wall and usually accomplished by marked gurgling."

Now, you may recall that Senn's essential symptom was not complained of in any of my cases, and whilst the Mayos show a most admirable record in the handling of these cases, this series of cases which I report could not have been correctly diagnosed by the symptoms they enumerate for the simple reason that the symptoms enumerated were not conspicuous and not recognized. Colicky pains, constipation alternating with diarrhœa, visible peristalsis with gurgling, were not features in any of my cases.

No reference whatever is made by these surgeons to any difficulty experienced in the diagnosis of the cases reported, but since it is clear that the symptoms upon which diagnosis was made by them were not present in the series of cases which I am reporting, hence I conclude they could not be relied upon in a wide range of such cases.

After thoughts.—The visitation of after thoughts following in the wake of the review of this series of cases is necessarily attended with a certain degree of chagrin and with some feeling of regret. I have tried to make clear my diagnostic errors. These have been plainly acknowledged and if we must be true to ourselves and our own records this is not only a duty but demanded of us for the benefit of others. In my first case, as I have intimated, I had no thought of malignancy. The pus tube diagnosis appeared so plain and palpable that I was not at all apprehensive of the simple nature of the operation or as to its outcome. The presence of a malignant tumor in the abdomen of this cheerful looking woman never suggested itself to my mind. Among other things she said that she had been receiving treatment at the office of a specialist in gynecology, but following each office treatment she experienced so much pain from the gauze packing that she was compelled to remain at home much against her wishes and pleasure. In order to have a change of treatment she was urged by her brother-in-law to consult me with a view to determining, among other things, if it was necessary to continue that treatment which she was receiving and which she thought unnecessarily painful. She had

sustained a loss of flesh, it is true, but she wished me to understand that this was in a measure due to the suffering entailed by the local treatment she was undergoing at the hands of the specialists and that, too, when she would recover from these she was going day and night in the performance of certain social functions and did not give herself time to recuperate. So you can in a measure imagine the extent of my discomfort upon opening the abdomen and finding this mass involving the ileocecal coil, which I now show you. You can see the hyperplastic mass of cancerous tissue projecting into the cecum and colon, producing a condition apparently of absolute mechanical obstruction (specimen exhibited). The operation of excision and approximation was completed rather hurriedly, but still I have much faith in the belief that she would have completely recovered from the immediate operation and the fecal circulation, reestablishment had there been no defect left following the separation of the button from the anastomotic union. No doubt intestinal peristalsis is more active at this point in certain stages of the reparative process. This is altogether likely when a foreign substance is present like the Murphy button, and this intensified intestinal force may have had something to do with such a serious and unfortunate consequence.

The laparotomy was made on the boy with the hope of relieving him of a sac of pus. There was no thought suggested of malignancy before this was undertaken. The subsequent diagnosis was based upon the condition of the cecum and colon, which we found to be smooth, greatly swollen, hard and infiltrated, no pus present, but clinging to the cecum were many clusters of hydatids. Their significance, however, I am unable to explain. The small intestine for a considerable distance from the ileocecal valve, was distended, indicating obstruction at the juncture.

The astonishment excited by the examination of the cecum in the third case after its exposure was quite as great as that experienced in the first case. Here I found no indurated glands at all, the things for which we were seeking, but instead a greatly enlarged cecum with many hydatids lying about it, the head of the colon hard and infiltrated, but the small intestine empty. Upon invaginating the small intestine by means of my finger, I could readily see that the lumen of the valves and the colon above were not impaired, and I immediately decided to go no further than to lift up and liberate the cecum, clear the belly of the hydatids, wash him out with hot salt solution and close the belly. The wisdom of this course was, I believe, fully justified by the subsequent history of the case.

Pondering over this subject in general it must be confessed that errors of the character described will be made, and all surgical procedures instituted with the view of curing this disease will carry with them many grievous disappointments until, at least, the cause of the disease is clearly revealed. This and this alone will furnish a scien-

tific basis for the proper treatment of cancer cases. But while the etiologic influences of this relentless foe still remain strangely mysterious to us, we are in possession of the knowledge in regard to its nature that there is no natural immunity against its invasion, or ability of the human body to throw off or rid itself of cancerous resistance to malignancy and a spontaneous cure never takes place. We know that the disease is merciless in its war against the life of the patient, and never for a moment is there any relaxation in its irresistible activities to destroy life. Its victim must perish before its work is ended. There are many cases of cancer presenting nolimetangeres to surgery and, indeed, I believe with Watson Cheyne that there are no good grounds for over enthusiasm as to the result of any surgical procedure in malignant disease, and this may suggest the question, will surgery ever prove a scientific remedy for the cure of cancer? No one, of course, in the light of present knowledge, can answer, for when the real cause of cancer is discovered, then, presumably, some certain form of blood examination will disclose the diagnosis, and with the discovery of the etiologic influences doubtless the scientific remedy will suggest itself, just as it was in diphtheria, a disease which, but a few years ago in nearly every instance destroyed its victim save by the intervention of surgery. Now surgery has no place in the curative treatment of diphtheria.

Surgeons become over-zealous every now and then, as history is being made by our profession. Reports are sent out from various sources conveying the impression that this or that surgical procedure in certain anatomical localities of cancer will cure the case beyond a question of doubt. The profession, as a rule, is too much inclined to champion and follow a routine practice. Enthusiastic followers of certain popular authors are too frequently led to advocate and practice extreme surgical measures without due regard to the study of causation or the limitations of legitimate surgical possibilities.

I believe the number of resections of the cecum to date all told will not greatly exceed one hundred. I take it that in each instance the procedure was resorted to for the relief of malignant obstruction at or in the region of the ileocecal juncture. We must in the present light of our knowledge limit surgical intervention to the absolute demand of reestablishing fecal circulation only. It appears to me that a surgeon is not justified in exposing the patient to the risks of a resection (for this alone has a serious mortality) save for the object indicated. If the lumen of the ileocecal coil is not seriously impaired when the patient applies for treatment, then its resection must be delayed. Of course it is not always possible to ascertain if there exists marked obstructive infiltration until disclosed by the exposure of the parts.

619 North Kingshighway.

DISCUSSION.

Dr. C. Lester Hall, Kansas City:—This very excellent and able paper of Dr. Broome's and the conclusions arrived at by him must be accepted by us all in the main. I presume you are all quite familiar with the very recent paper of Nicholas Senn, in which he makes a plea to the profession at large to try to study carcinoma and endeavor to arrive at a knowledge of the etiology of the disease. Most assuredly pathology has failed to give us etiological facts to guide us. So long as we are in doubt as to the etiology of the disease, so long will it mystify us and our efforts be of little avail. More people die of cancer than die of appendicitis; more die of cancer of the stomach than of cancer of the breast by three to one; more die of cancer of the breast than of the uterus in the proportion of two to one. The difficulty of making the diagnosis of cancer of the stomach is recognized by all who deal with it. A remarkable thing and a good thing for the old, is, that they endure cancerous growths better than the young. Therefore it might be a guide to us in very old people not to interfere with them in a surgical way, whereas in the young something must be done and done early, because the tissues are active and the disease progresses more rapidly. Radium and the serums have been suggested as remedies. One investigator noticed that when there was a metastasis the spleen was the last organ involved, and in some cases where all the other organs were involved the spleen was not involved at all, so he thought that an extract from the structures of the spleen could be used with benefit, but proof is wanted.

The use of radium and the x-ray has been nugatory in the main. In the use of radium we have had cases that are encouraging and x-ray seems to do some good in skin carcinoma, but today not only is the surgeon disappointed in his efforts to cure the disease by operative measures, but all procedures have practically proven to be in vain. I knew of one case in which there were two tumors of the ovaries, one twenty and one three pounds. She got well apparently with a positive assurance to the friends on my part, that it would not return. The x-ray was used persistently, but with entirely negative results. What are we to do? We are confronted with an increasing disease. We can not all become Eskimos, who are said to be immune to cancer; we can not all live in that cold country. We have a disease that is decimating the land. It is on the increase. The doctor speaks of the limitation of surgery. We must admit that it has its limitations but when we reflect that we can perhaps do as much as we can do with any other procedure, when the bacteriologist, the pathologist, when the serums and the x-rays have failed us, then we have nothing else left but surgery. We must fight it. The fact that we have reported by Dr. Broome and others that lives have been prolonged for years justifies the hope that we do some good. I assisted a skillful surgeon in our city some years ago in removing a uterine cancer in which the cancerous process was not larger than the end of my finger. The patient recovered and for four years had no return. Then she had a recurrence in the lymphatics of the pelvis, and died, as so many others do; but we had contributed four years to her life and to her happiness. We cannot rely upon the hydrochloric acid theory alone. Last June I saw Mayo remove the whole half of the stomach including the pylorus, and the poor man who was suffering intensely, in a week or so was comfortable, hopeful and happy. At last report he was living. When we see such work and there is no other hope to be held out to us, there is nothing else we can do but continue our effort to relieve by surgery. In making the diagnosis we have the benefit of exploratory incision, which is entirely justifiable. We should in all these cases employ it more frequently than we have in the past. There is no difficulty

attending it and little harm results from its employment. We are confronted by this enemy of humanity and surgery must continue to do its best, little as it may be, for the relief of these sufferers.

Dr. O. B. Campbell, St. Joseph:—In listening to Dr. Broome's paper I would infer that he questions the advisability of operative procedures in carcinoma, basing his position upon his personal experience, and the mortality statistics from this disease. There are two positions that are now quite well established concerning carcinoma, namely, that it is a local disease to begin with, and that early radical removal offers the best opportunity for cure; that it is imperative to make an early diagnosis in carcinoma affecting any organ or portion of the body, and that it is just as imperative to operate and radically remove the disease at as early a date as possible after the diagnosis is made.

The doctor has failed to make clear to me substantial reasons for failure to make a diagnosis in some of the cases he has mentioned. It would seem from reports he has given, that his case died from sepsis rather than from a failure to remove all cancerous growth, or from the shock incident to the surgical procedure. I do not believe the results obtained in the cases operated upon by the essayist should influence early surgical procedure for the cure of carcinoma. It is true that the general mortality in carcinoma should be lessened by improvements in diagnostic methods, and resort to early operation.

Dr. J. D. Seba, Bland: In regard to diagnosis of these conditions. If the tumor is in the pylorus and you can feel it, it is comparatively easy, but when it is in any other part of the body it has been hard for me to diagnoticate. As to the mode of treatment, I have found only three remedies of value. First is morphine. I have a case now under treatment. We commenced with a quarter grain and now have gotten up to a grain and half. It seems to produce sleep, rest and in some mysterious way prolongs life. The second is that good drug strychnia. We commenced with a sixtieth of a grain and run it down to one-tenth hypodermically. The third remedy was one that we used in a case where the cancer involved the liver and produced dropsy. And, this we treated with spartein sulphate, also hypodermically administered. We have administered it in one grain doses and it always has a direct effect on the edema of the legs. Outside of that we have tried every thing else with no results.

Dr. Dorsett, St. Louis:—In regard to the use of the x-ray. I do not believe that we should eliminate the x-ray in the treatment of carcinoma. That it is applicable to cancer of the uterus I do not believe. That it is applicable to cancer of the breast I do believe. I have had some experience with it in the treatment of the cancer of the breast. In one case the tumor was four inches long and two inches wide when discovered by me. It decreased under the treatment until it was about the size of a walnut. Prior to the treatment use of the arm had been lost. Since the treatment use of the arm has been regained and it has remained perfect without pain. After three years the tumor suppurated and was then removed. The patient is now comfortable. I believe that one of the reasons why surgery of the uterus does not progress more is set forth in the statement made by Lawson Tait, that has had its influence all over this wide country, and that is: "That above all the diseases that flesh is heir to, cancer of the uterus is the most painful." The consequence is that the general practitioner does not look for cancer until the patient complains of pain. When that time comes, it is too late. I maintain that all women when they approach the menopause ought to go to a physician for an examination. This peculiar hemorrhage at the change of life is not always due to the menopause. There are other rea-

sons for this hemorrhage. Possibly a fibroid. Possibly and probably a cancer.

It is a well known fact that persons past middle life have a great deal more to hope for from operative procedure if suffering from carcinoma than would a younger person; especially is this true of carcinoma of the breast. We also know that cancer of the body of the uterus is not like cancer of the neck of the uterus. There is a great deal more of promise in cancer of the body of the uterus than in cancer of the neck of the uterus, because of the greater lymphatic circulation around the neck. I have four cases that have passed five years and one seven years in which I removed the uterus for cancer of the neck of the uterus, going up as high as the internal os. I have one case that is of particular interest so far as prognosis is concerned. After the operation I told the attending physician there was no hope of a cure and advised him to take her home as soon as she was able to leave the hospital and make her as comfortable as possible with morphine as she could not live three months. Six years afterward the physicion informed me that she was well and hearty and a letter received from her recently confirmed this information. This uterus was badly diseased and was literally shelled out of the broad ligaments. I can explain this remarkable result only by saying that I was fortunate in getting out all the diseased structure.

Dr. Morfit, of St. Louis: I would like to ask Dr. Dorsett, if in the case he refers to a microscopic examination was made.

Dr. Dorsett: No microscopic examination was made until after the tumor was removed. The x-rays were applied for some time. Once or twice a week and then three times a week for about two years. It was removed when it had shrivelled to about the size of a walnut. It was shown to be malignant. There has been a slight recurrence, but the patient is comfortable so far. She is eighty-one years old.

Dr. Broome, in closing: I have nothing of special moment to add only that I would like to ask the gentleman who criticised the diagnosis of the several cases to be kind enough to read the paper when published. I will say that the paper is simply intended as an appeal to the profession to abandon extreme and harmful palliative measures in cancer cures; that is to abandon useless heroic operations for palliative procedures. Surgical heroism in cancer can only prove hurtful in all its aspects.

SYPHILIS OF THE NERVOUS SYSTEM.*

BY CALVIN J. MORROW, M. D., KANSAS CITY, MO.

While there is no part of the body which escapes the ravages of syphilis, still the nervous system seems to be peculiarly susceptible to this disease. Its function is always more or less disturbed, depending, of course, on the virulency of the affection. However, it is in those cases where we have some marked lesion that we designate the affection "Syphilis of the Nervous System."

The symptoms are so manifold that it becomes hard to classify the trouble at all, and so many times we must take so much for granted, not being able to verify our opinions by postmortem, that the majority of our syphilographers, writing upon the subject, have done so apologetically.

It is not my purpose to take up the many different conditions which will produce derangement of the nervous system, but to bring the matter before you in a general way for discussion. The simpliest division I can give in discussing syphilis of the nervous system is to divide it first into recent and late affections, or true syphilitic and parasyphilitic lesions, or the constructive and destructive lesions. Syphilis of the nervous system appearing within the first three or four years after infection, I would call true syphilis of the nervous system. It is due to the active agency of the syphilitic germ, causing pathological changes of some kind in the body, no matter where the location. These lesions, I might say, are almost always of a constructive variety. But those lesions which appear years after the primary affection, and after there has been a period of several years of comparative health, are usually of a destructive variety, and not due to the true syphilitic poison, but from a parasyphilitic poison, and as yet no one has thoroughly demonstrated its character, but I believe its true nature will be ascertained in the near future. These I would class under the head of latent, parasyphilitic or destructive causes. Why I make this division will be explained a little later on. Let us examine for a few moments, some of the conditions which we find producing these troubles.

Susceptibility.—Mauiac has said in discussing the susceptibility of these diseases "that it attacks certain people because forsooth, it pleases it to do so." However, from my observations, I am convinced that there are a certain class of sandy complexioned and neurotic patients that are more prone to have nervous symptoms than the brunette or dark-skinned, phlegmatic class.

Time of Appearance.—Affections of the Nervous system due to the true syphilitic virus are more likely to occur within the first year or eighteen months of the disease, though they may develop at any time

*Read by title at the annual meeting, Jefferson City, May, 1906.

during the secondary stage. Syphilitic processes are more often found on the surface of the brain and meninges, and not in the deep cerebral substances, which, of course, is a valuable diagnostic guide.

Degeneration of the arteries, whether caused by syphilis direct, or by proximity of syphilitic lesions, is a most important factor in the cerebropathies of syphilis, particularly in regard to softening and hemorrhage. If syphilis attacks the bones of the skull, you may have symptoms, either by direct infection, or mechanical compression, caused by gummata, or presence of pressure of pus between bones and duramater. Gummata, on either side of the duramater, will give its characteristic symptoms from pressure.

Syphilis may attack the brain in any of the following ways: First, by diffused gummatous infiltration of the meninges, with extension to the brain substance. Second, gummata, or circumscribed tumors. Third, endarteritis, with its concomitant brain lesions.

Symptoms.—The symptoms are varied in the extreme. Neuralgias are the most common symptoms, affecting the fifth pair of nerves during the secondary stage. However, a much more valuable symptom is the motor disturbances, which, if not prevented by treatment, are almost sure to appear either in the form of paralysis or paresis.

The neuralgic symptoms are always characterized by the usually increased and intense nocturnal pains, the patient being frequently free from pain during the day and suffering intensely at night. Even in mild cases, the pain is less bearable than the ordinary headache. It harasses the sufferers, making them morose, excitable and sleepless, and interferes with general nutrition. But, as I stated in the beginning of my paper, that it was not my purpose to take up in detail the many different lesions causing derangement of the nervous system, but to call special attention to a few of the many varieties of the affection and discuss the best methods of treatment. It has been my fortune or misfortune to see quite a number of these cases in the last two years and the only methods given by all the text books in treatment were the administration of mercury and iodides. My experiences recently have taught me that those cases arising from a constructive derangement can be, and are, relieved by the administration of mercury and iodides, but those caused by a destructive process, of which tabes dorsalis is a marked example, are not cured or even benefitted by this treatment. To illustrate my point let me give you briefly the history of three very widely different cases which have come under my observation in the last 18 months.

Case No. 1.—Young man, 30 years of age, single, traveling salesman, contracted true chancre June, 1904. He was a brunette but of highly nervous temperament, not a drinking man, but would occasionally get on a spree to be social with the boys. I put him on the usual treatment and he was doing fine until October, or about five months after infection, while in Minneapolis, he said he felt nervous and thought a little champagne would help him. He commenced to drink cham-

pagne and did not drink anything else. After a few days he wound up in some town in Iowa, in jail. They adjudged him insane and sent him to the state asylum. He was kept there until the following May, or about six and a half months, when he again came under my charge, very nervous and emaciated, but perfectly sane. Since that time he has been under my care, and is apparently all right again, except a little nervous. Diagnosis.—Syphilitic, sub-actute meningitis, super-induced by alcohol.

Case No. 2.—Woman, 38 years of age, married, no children, weight 170 lbs. Had had syphilis 15 years previous but had no symptoms and had been in apparent good health for 11 or 12 years. First noticed that she was forgetful of the most common household duties. After four or five months these symptoms became more marked; she grew morose and erratic and would run away from home and stay out for hours, giving no cause and in fact not knowing where she had been herself. I sent her to the asylum; she gradually grew worse, becoming emaciated, losing all her flesh and finally died in the asylum. No paralysis or paresis in this case. Diagnosis—Syphilitic softening of the brain.

Case No. 3.—Male, age 46, single, blonde or sandy complexion, contracted syphilis, February, 1887. Had the disease quite severely, but after about four years had noticed no symptoms until three years ago, when nervous system began to break down. Could not sleep, irritable, slight duties worried him. In fact all the symptoms of a nervous break-down. At night he would not sleep more than an hour or two when he would be awakened by a contraction of the muscles of the leg, compelling him to get up and walk about the room, or have them rubbed. No lesions anywhere that can be discovered, in fact has been in good health for over 15 years, or since the subsidence of the syphilitic symptoms. Diagnosis—Syphilis of the Nervous system.

Now what I want to call your attention to is the fact that these last two cases are not syphilis at all, any more than the paralysis, six weeks or two months after a child has recovered from diphtheria is caused by the diptheritic poison: we say in such a case it is the ptomaines left in the system which affects the nervous system. So in these cases of nervous affections following syphilis many years after the primary lesion. They are not due to the syphilitic germ, but a parasyphilitic something which, as yet, we have not isolated. In the first case reported, we have a direct effect of the syphilitic poison on the meninges of the brain, causing insanity, or a constructive process, so to speak. This case is amenable to the anti-syphilitic treatment, but in case No. 2 it is not the active agency of syphilis, but the deleterious ptomaines left in the system, causing the brain tissues to break down. Such a case is not benefited by mercury and iodides and this is true in case No. 3. In such cases as No. 3, I do not depend at all on the mercury and iodide, but give the patient strychnine, arsenic, gold, and if anemic, iron, and out-of-door exercises and sunshine, and in fact all the natural tonics of which we know.

APPENDICITIS.*

BY C. G. GEIGER, M. D., ST. JOSEPH, MO.

Appendicitis has been the most important disease to the physician and surgeon for the past few years; and the anatomical characteristics of the different varieties of appendicitis, together with the secondary lesions accompanying the primary appendiceal inflammation have been described, and abundant statistics dealing with the relative frequency of the different types of appendiceal and peri-appendiceal lesions, exist.

In spite of all this accumulative knowledge, the subject of the etiology and pathology of appendicitis is not by any means a closed chapter. Fitz, in his classical paper in 1886, first outlined the pathology of this disease; however, long before this, the profession knew that there was a disease in, or around, the head of the colon, that had a large mortality. Even the Ancients recognized a fatal swelling in the right inguinal region.

It was in the sixteenth century that the appendix was first recognized anatomically. Beginning in the early half of the nineteenth century, saw an increased interest in this much-talked-of-disease. Fitz's statements, based on thorough post-mortem study, revealed the fact that many cases of peritonitis had their origin in the appendix and he gave us a foundation for sound pathology.

Much knowledge has been gained since this by ante-mortem examinations of the healthy and diseased appendices. About 1897-'98 much of the pathology found in the lower right abdominal quadrant, previously termed "typhlitis," and "perityphlitis," now changed its name to "appendicitis." It was not until this date that appendicitis was considered a surgical disease.

Notwithstanding the majority of cases are first seen by the general practitioner and therefore the safety of the case depends upon the wise co-operation of the physician and surgeon. The lowering of the present mortality depends on getting those men who see a few cases each year to recognize appendicitis early, to appreciate the pathology, and to recommend the proper treatment, and urge that it be carried out. This can best be done by the general practitioner taking enough interest in his cases to follow them into the operating room. A more ready appreciation of the conditions in his next case will be accomplished in this way.

Considerable reliance should be placed on a group of three almost pathognomonic symptoms: First, presence or history of pain, not produced by pressure. Second, tenderness elicited by pressure at a fixed point or area, not necessarily McBurney's point, within the right ab-

*Read at the annual meeting, Jefferson City, May 1906.

dominal quadrant. Third, more or less lower right rectus rigidity in obedience to the rule, that over-lying muscles attempt to protect under-lying tenderness, by increased tonicity. Little reliance should be placed on temperature or pulse, for you may have actual or impending perforation with these symptoms nearly normal. I wish to emphasize, never regard lightly an acute abdominal colic, no matter how much the early symptoms may suggest an early attack of ordinary indigestion. Watch such a case closely for a matter of twenty-four or forty-eight hours, to make sure whether or not localized pain and tenderness in the lower right quadrant, may reveal an appendicitis. In every sudden abdominal pain the probability of an appendicitis should be borne in mind, and no other diagnosis considered until this disease can be definitely excluded. However, in infancy, abdominal pain is of such common occurrence, that an appendiceal colic is very apt to go unrecognized. This is especially true in the first year of infancy and in cases where comparatively mild local symptoms are certainly rarely diagnosticated.

If the process goes on to abscess formation, then the condition is more readily discovered, if the possibility of an appendicitis is not forgotten. Lack of common sense and ordinary intelligence in eliciting the history of the attack, or the negligence of the only instrument of any service in the diagnosis of this disease, the palpating hand of the practitioner, is responsible for much of the mortality.

With a nearly unanimous agreement among experienced surgeons that operation is indicated in the early hours of the attack, the great importance of prompt diagnosis can be clearly perceived. The failure to make an early diagnosis of acute appendicitis, as before stated, is responsible for most of the factors entering into the mortality of the disease.

One of the greatest fallacies that has ever been propagated to account for appendiceal symptoms, is rheumatism. Having had considerable experience with appendicitis, I have always found true appendiceal symptoms to be due to a diseased appendix, in every case, even where rheumatism has been held responsible for the symptom-complex prior to operation. I believe it is now recognized by the profession that we may have an ulcerative or necrotic perforation of the appendix without any symptoms of any consequence until after the perforation has taken place. I can call to mind three fulminating cases that came under my observation, and were operated upon within twenty-four hours from the time of the onset of the symptom, and at this early date each case had a well developed general peritonitis, the abdomen partially filled with sero-purulent fluid, bowels glued together with an inflammatory exudate. There is no doubt in my mind that the great pain or sudden onset was the result of the rupture of the appendix in these three cases. We can have an ulcer of the stom-

ach with little or no pain; perforation, however, is followed with great pain and virulent peritonitis.

I believe the severe pain in appendicitis is caused by the irritation extending from the inflamed appendix to the ileo-cecal valve. The ileo-cecal valve at once, by irritation, closes, thus aggravating the paristalsis of the bowels, thus causing increased motion of the inflamed part which produced pain. We know by starving a patient, after thoroughly performing lavage, or thoroughly relieving the stomach of its contents, our patient will be comparatively relieved. So it was advised by Ochsner, that the above directions be carried out in certain cases, in other words, putting the bowels thoroughly at rest, relieves the patient.

It would be impossible for necrosis or ulceration, to develop and cause perforation, with all the pathology found in these cases, in the peritoneal cavity, within the short space of time—twenty-four hours. As a rule, we do not have peritonitis so throughly developed in so short a time following the initial symptoms of appendicitis. The infection, or the germ causing the inflammation, doubtless must have been the streptococcus pyogenes, which grows very rapidly under certain conditions. Each of these cases was almost in a moribund state when operated upon.

I believe if we could have reached these cases within a couple of hours after the perforation, that surgical interference would have done much good. But later, in all such cases, all the surgeon will be able to do is to increase his mortality list. Howard Kelly struck the key-note when he said that every case of appendicitis is peculiar to itself.

We find some surgeons of considerable prominence classifying the pathology of appendicitis according to the number of days it has existed. *This can be applied to mild cases only*, as I have known of a number of cases of appendicitis that have died without operation on the third or fourth day; other cases exist for weeks with but little pathology.

From a practical standpoint, treatment resolves itself into the early and late. These terms cannot be expressed in hours or in days. No doubt some of us have seen instances where twenty-four hours, yes, perhaps twelve hours, after the inception of symptoms, meant late treatment: and others, where at the end of several days the treatment might still be early.

Strictly speaking, presence or absence of complication constitutes the dividing line between early and late treatment. Previous to complication, the situation, from the view-point of treatment, is early; afterwards it is late. Of course there are degrees in consequence constituting late, quite late, and very late. According as there is perforation, we limit adhesions, small abscesses, extending peritonitis, and general septic peritonitis, with perhaps distant lesions in the lung, heart, parotid or cerebral blood channels.

Those of us who have treated complicated appendicitis by prompt operation with many good results, argue that a septic focus in the abdomen, whether large or small, should be attacked, cleansed, and drained, just as elsewhere, in order to prevent continuing or increasing sepsis with the usual termination.

The appendix has been cut off, tucked in, turned inside out: the patient has been purged, narcotized, packed in ice, or packed in poultices. He has been starved or instructed to walk on all-fours. Leucocytes have been gazed on through the barrel of the miscroscope, they have tested for glycogen, and the urine has been assiduously examined for indican, acetone or albumen, and with all these examinations, an inflamed little eight by one centimeter organ has doomed thousands of suffering humanity to an early and untimely grave.

My experience with about three hundred and fifty cases has taught me that there are conditions under which we should not operate for appendicitis. Our extreme practices have resulted in good to our fellow men, because we have learned that appendicitis, as in most things, there is a happy medium.

There are still a few exponents of this operative extreme; but they are condemned by their own statistics and their own discussions. Surgery deals with human life and it can not be done by fixed rules, and we should exercise reason and judgment in every case. We should base our opinion on the condition found in each case, on our own experience, and on the experience of others. There are still a few physicians who tell their patients, after an acute attack of appendicitis, that they are well and need no operation. How they can do this conscientiously, is beyond comprehension, because they know that the majority of their patients do have recurrences, and some of them with fatal results; still, on the other hand, the surgeon and physician agree that all cases of chronic appendicitis should be operated on.

The interim operation, by experienced surgeons, is almost without mortality. Many surgeons of large experience, can show an unbroken record. Because the interval operation is so safe, it does not follow that it is always safe to wait for it, for the patient may die before reaching that period. It has been very aptly said that an interval operation is a good thing to recommend in an interval.

I wish to call particular attention to the fact that many people suffer from chronic appendicitis who never had an acute attack. These patients as stated before should all be operated upon, because the operation is perfectly safe, and they are almost sure, sooner or later, to suffer from an acute attack, with all its attending dangers. It is hardly necessary to say that when a localized abscess is found, an operation is always indicated.

Treatment of the stump is of no little importance, and the most simple, I have found to be the best. After ligating the meso-ap-

pendix with a No. 1, ten-day chromicized cut-gut, after producing pressure with a hemostate, I ligate the appendix almost flush with the colon, with a No. 1, ten-day chromicized cat-gut. I now divide the serous covering of the appendix about one half of an inch from the ligature, dissecting it down about a quarter of an inch, and then amputate the appendix. Now applying carbolic acid to the stump, after washing freely with alcohol, I bring the cuff of serous covering up over the stump and put in a couple of stitches of plain sterilized No. 0 catgut.

The invagination method which has been generally practiced has two serious objections: First, the time that is taken, second, the liability of intramural abscesses following such treatment.

The method used in closing the abdomen means much to the future welfare of the patient, whether we use the gridiron incision or cut directly through the muscle fibres. In closing the peritoneum, I use a No. 1, five-day chromicized cat-gut, continuous suture, locking every third or fourth suture. I believe it is well to sew the muscle fibers together, for if we do not we leave a cavity which will fill with serum, and infection is more liable to take place. After bringing the muscle fiber together, I lap the muscle sheath at least half an inch, using the mattress to hold the sheath together; this is most important in closing the abdomen. In closing the skin I use cat-gut, continuous, or silk worm-gut, interrupted suture. If this method is carried out in detail, there will be no trouble with hernia following abdominal operation.

SOME LESS FREQUENT COMPLICATIONS OF FIBROIDS OF THE UTERUS.*

BY ERNST JONAS, M. D., OF ST. LOUIS.

The specimens I am to present to you to-night belong to the class of fibroids of the uterus. From the number of fibroids, removed by Dr. Tuholske and myself during the last year, I have selected a few which seem to me of especial interest and offer important points for discussion.

Whoever operates frequently for myoma of the uterus will find the complication with cystic degeneration of the ovaries or with hydro- and pyosalpinx most common, and I shall leave the consideration of this complication aside.

The first two specimens illustrate fibroid conditions of the uterus complicated with pregnancy.

Specimen No. 1 shows a uterus containing a fetus about three months old—the uterus itself the size of a normal uterus three months

*Read before the St. Louis Obstetrical and Gynecological Society April 12, 1906.

pregnant. Growing from the posterior wall is a fibroid the size of a cocoanut. Uterus and tumor filled the pelvis and gave marked signs of incarceration. Ischuria paradoxa and pressure on the rectum were very marked. The findings on palpation were typically those of retroflexio uteri gravidi incarcerati. The neck of the uterus pressed against the anterior wall of the vagina and bladder, the soft corpus of the uterus and the hard fibroma filling the pelvis completely and producing the above symptoms of incarceration. Although we know well, that as pregnancy advances, many a retroflected pregnant uterus is gradually lifted out of the pelvis by nature and brought into normal anteflexion, it was not thought permissible to wait for this possible occurrence because of the danger of complete incarceration. We decided to try the replacement under deep narcosis and after futile attempts, performed a laparotomy, succeeding with great difficulty in raising the uterus and tumor out of the pelvis. Having accomplished this much, we had to choose whether to allow the pregnancy to go on and perhaps remove the myoma after the confinement; or to enucleate the tumor, risking abortion; or to remove tumor and pregnant uterus then and there. The patient was a mother of eight children and immediate removal of uterus and tumor was decided upon. Patient had a good recovery.

Specimen No. 2 is a uterus two and a half months pregnant—with multiple fibromate. The patient, 38 years old, had been married just four months and presented herself at the office mainly to find out if she was pregnant. She complained of intense pain in the lower abdomen. The diagnosis of pregnancy complicated with multiple fibroids was easily made. The choice of the proper course was difficult: To produce an abortion and operate later on for the fibroids; or not to interfere at all until after pregnancy and puerperium; or to operate toward the end of pregnancy with the hope of saving the child; or to operate at once and remove either the tumors only or the tumors and uterus. The pros and cons were discussed and explained to the patient and her husband. Immediate operation was decided on aiming to save the uterus, if the location of the tumors would permit. The presence of the myomatous nuclei in the uterus, however, made the removal of the uterus necessary.

Want of contraction of the uterus in abortion or confinement and torsion of the pedicle of myomata, especially in puerperium, or necrosis of myoma are the main dangers of myoma during pregnancy, confinement, and puerperium.

Specimen No. 3 presents a sub-mucous myoma partly gangrenous, attached to the inverted body of the uterus. I shall give the history of the case in brief.

A woman thirty years old, married four weeks, presented herself at the office, complaining of profuse discharge from the vagina and

constant pain in the lower abdomen during several months past. Pain was said to be unbearable at the menstrual time. Menses quite profuse. After having postponed the wedding several times, patient had married four weeks before coming to us. Status presens: Patient very anemic, hardly able to walk. Temperature 102; pulse 120; chilly sensations. Distinct systolic murmur, diastolic sound not quite clear. Upon vaginal examination profuse muco-purulent hemorrhagic discharge noticeable. The whole vagina filled by a necrotic, foul tumor, forming a complete barrier. In deep narcosis it was very evident that the uterus was in the state of inversion. The funnel produced by the inversion of the uterus was very distinct, the necrotic tumor apparently in broad connection with the inverted uterus. Only after making a Schuchardt incision and after great effort (forceps) the upper end of the tumor and the inverted body of the uterus were reached. The submucous myom is attached with a broad basis to the body of the uterus. The myom revealed the characteristic colors and consistency of the necrotic state; the mucous membrane of the uterus had lost its mucous appearance and was partly covered with greenish-greyish membranes. Under these conditions it did not seem advisable to enucleate the myoma and attempt reinversion of the uterus with possibly other myom-nuclei; it was considerd best to remove tumor and inverted uterus. Since the lips of the neck of the uterus could not be reached, the inverted uterus was amputated high up beyond he visibly infected area. Sewing of the anterior to the posterior wall of the uterus and drainage through the posterior cul-de-sac completed the operation. Patient improved after the operation, but died suddenly on the eleventh day after the operation of hemorrhagic infaret of the right lung.

It may not be amiss to call attention here to the fact that this necrotic condition of submucous fibroids is frequently mistaken for carcinoma. Not long ago I was called to see a patient who had been given up by her physician and consultant because of supposed inoperable cancerous condition of the cervix uteri. A pediled polypus of the uterus producing terrific bleeding and consequent extreme feebleness in the patient was the whole trouble. Patient was cured by removal of polypus with the finger.

That polypi of the uterus may undergo cancerous degeneration is illustrated in specimen No. 4. The patient had been refused elsewhere as an inoperable case of cancer of the cervix. I found a polypus of the uterus in cancerous degeneration. After removal of the cancerous polypus, the uterine cavity felt entirely smooth. I considered it safer, however, to remove the uterus also. Patient operated on six months ago is to-day apparently in good health.

DISCUSSION.

The President:—What was there about this case that caused them to think it was carcinoma of the cervix?

Dr. Jonas:—The polypus had become so soft and was connected with the cervix.

The President:—Was there much infiltration around the cervix?

Dr. Jonas:—No.

The President:—I understand that there was a diagnosis of inoperable carcinoma of the cervix. Why was it considered inoperable?

Dr. Jonas:—I did not see any reason except, perhaps, the far-gone condition within the cervix.

Dr. Frank Glasgow:—The polypus itself, then, was actually cancerous?

Dr. Jonas:—Yes.

Dr. Glasgow:—The specimens are unusually interesting, especially the one complicating pregnancy. It is in such cases that we sometimes have a great deal of trouble making out whether we have a pregnancy. There is no doubt that these tumors should have been removed. The woman could not have borne a child had these fibroids been allowed to remain. I recall a case of pregnancy of five months, with multiple fibroids and I took everything out. This case of inversion is interesting. Cases of inversion are not very frequent. This case probably occurred after labor. Of course it is hardly germane to fibroid, but this inversion may have been started by traction on the cord, and it probably took place slowly. I have amputated one inverted uterus; it is not a difficult thing to do, but with a tumor like that I would not like to attempt to do it. I think the cause of many cases of inversion is from the polypus pulling down the fundus. The fibroid uterus with polypi is interesting. I had one case in which the condition was much like that. I made a section through the base of the polypus and found the epithelial tissue growing upward, not downward, and on that finding only I told the patient I would not take out the uterus. That was seven years ago and the woman is still perfectly well. I can not say that had I gone into the body of the polypus I would not have found something like what the doctor found here. I recall one woman who was curetted for eight years. I did it once or twice myself. It was not cancer, but simply proliferation of the glands. The last time she came to me I took out the uterus and did not find cancer. There was an infiltration between the proliferated gland cells. The woman is now perfectly well after six or seven years. In that case there were no polypi at all. I had another case only a year or more ago. The tumor was sloughing, the temperature was 103.5° the day before I saw the patient. I examined a little piece and decided it was cancer, I took the uterus out and an abscess formed, but after that she got well and is perfectly well now. That epithelioma grew from a narrow space and the fundus of the uterus was not thickened at all. That was a case in an advanced stage of what we have here, except that it occured in the fundus. The body of the mass was epitheliomatous but it did not extend into the tissues.

The President (To Dr. Glasgow):—In the case of polypus which turned out to be carcinomatous, did it extend down into the cervical canal?

Dr. Glasgow:—Yes.

Dr. F. J. Taussig:—Regarding the indication for operation in cases where myomata complicate pregnancy, I think these cases illustrate a number of points. In the first case the involvement of the uterus leaves little doubt as to the advisability of operation. In the second case such an involvement does not ustify the removal of the uterus, but in this case the

operation of total hysterectomy was justified. In the first place, the myoma, which was pedicled, would have presented great danger. A tumor of that size would be very apt to cause trouble if the pregnancy were allowed to continue. Whether or not that tumor could have been enucleated is a question. Had it been possible to enucleate these two large tumors without causing too much trauma, the rest of the uterus might have been safely left.

The inverted uterus with myoma recalls to my mind an almost identical case which I saw in Vienna. The myoma was perhaps half the size of this one and the clinical history was similar. A necrotic, submucous fibroid had been expelled. About two-thirds of the whole mass was extruded from the vaginal outlet. A total vaginal hysterectomy was done without the tumor being at all in the way. The case was septic and the danger from that source following reinversion was so great that hysterectomy was preferable. It has been stated that if polypi that show carcinomatous degeneration are removed and a thorough currettement done, it is perfectly safe to leave the uterus. This has been shown in a number of cases where the uterus was found not to be involved, and a number of cases that had been followed up for years showed no return noted. Lately, however it has been shown that in several cases a carcinoma developed and was found to be inoperable. One such case seems sufficient ground to warrant a vaginal hysterectomy in all these cases. Where the carcinoma does not involve the cervix, vaginal hysterectomy has been found much safer and gives amply good results as to permanence of cure.

Dr. Oscar H. Elbrecht:—Discussing the case in which there was a degeneration of the fibroid in the vagina, I had a similar case in which the specimen was a little larger than this but presenting the same symptoms. The degeneration was so putrescent that the entire room was filled with the stench. Why this fibroid was not removal as one would remove a polyp, is the question that came up with me, but it filled the vagina so perfectly that you could not feel around it or see how much attachment there was. If I had felt sure there would not be a great deal of bleeding I might have removed it that way, but where the relations are disturbed by multiple fibroids we cannot reach them safely by the vaginal route. Mine was a fairly septic case but the patient was relieved at once, by the operation. If there are no complications above you can operate through the vagina but if complications exist above you cannot safely do so. The doctor was certainly justified in removing the uterus when he found the tumor was carcinomatous.

Dr Taussig:—I know of an interesting case of vaginal hysterectomy. The assistant was pulling strongly on the cervix and everything was free except the parametrium. Suddenly it gave way and the entire uterus came away and they expected a terriffic hemorrhage, but there was no bleeding whatever.

Dr. Charles Dixon:—The tearing off of a limb is followed by very little bleeding. I once saw a man in the hospital with his whole arm torn out and there was no bleeding to speak of. I think the pressure obliterates the blood vessels to a certain extent.

MULTIPLE FIBROMYOMATA OF UTERUS WITH CYSTIC OVARIES; REMOVAL; RECOVERY; PRESENTATION OF SPECIMEN.*

BY R. M. FUNKHOUSER, M. D., ST. LOUIS.

The fibromyomata still continues to be, and will always be, a subject of extreme interest to the surgeon. The theory of Recklinghausen like many others, that fibromata originate from remaining embryonic glandular substance is not sufficient to account for their presence, will soon become, if it has not already, a landmark in etiology, one more hypothesis that has not stood the test of research.

From the investigations of Bland-Sutton and others it would appear that their origin is intimately connected with the changes in the muscular coats of the vessels and their fibrous sheaths, which subsequently become fibroid, the cells being without nuclei, a view first suggested by Pilliet.

Disease of the heart, particularly fatty degeneration, is found in fibroids more frequently than can be accounted for by mere coincidence and it is not rare to meet with glycosuria (some times with diabetes), and also with albumin in this as well as in other uterine affections. In one case when hemiplegia occurred which was atypical and evanescent, simulating somewhat an hysterical type, the question arose was it due to toxic causes such as are present in uraemia, carcinoma, phthisis, etc. Cases of hemiplegia with fibroids have occurred with syphilitic history. Undoubtedly, repeated and excessive hemorrhages favor atheromatous or calcified changes in arteries. In both of the above cases the patients had suffered from a number of hemorrhages. Degenerations, malignant or suppurative, of the tumor are not infrequent; and all of us have seen cases of septic infection, as well as sarcomatous changes though I do not think the question of freqeuncy of malignancy is as yet settled. I do not now recall having seen a case of carcinomatous change in a fibroid in my practice and I am inclined to think it is comparatively rare. It is not unusual to meet with hydrosalpinx, pyosalpinx, hæmatosalpinx, and other diseases of the adnexa in cases of fibroids. They may pass into different foms of degeneration such as fatty, colloid, myxomatous, suppurative and gangrenous, calcareous, all or most of these changes being found in single cases with cysts containing colloid, serum, blood pus, etc.

Fibroids are met with exceptionally unless in the black race, un-

*Read before the St. Louis Obstetrical and Gynecological Society April 12, 1906.

der the age of 25 years though Cavaillon mentions a case occurring in a child of 13 years of age. Small multinodular subperitoneal fibroids in women of 40 years of age, or older, are least apt to grow. The submucous and intramural fibroids in younger women are most likely to develop and cause serious consequences. The idea that the cessation of growth occurs near or at menopause is incorrect; on the contrary frequently its presence is the cause of postponing it, and the earlier their removal the better.

Fibroids may be classified acording to their pathological character and their situation, those of the body and those of the cervix, submucous, subperitoneal, intramural, pedunculated polypoid, etc. Those of the cervix are of peculiar interest. According to some authorities (Bland-Sutton) 5 per cent. of fibroids are situated in the cervix and are globular, which upon growing have a tendency to become ovoid and may be intracervical or submucous though a fewer number are situated at the periphery and become subserous; occassionally they may grow into the vagina. I have seen them develop from the vaginal portion of the cervix, after removal of the rest of the uterus. Those on the anterior part of the cervix are more or less globular and usually do not change the shape of the canal of the cervix very much and in two-thirds of the cases are solitary. A submucous fibroid of the posterior part of the cervix, on the contrary, changes the shape of the canal and though round at first, eventually becomes ovoid which is caused by the unyielding osseous boundaries, all varieties of the cervix having a capsule. It is interesting to note that the hemorrhage, menorrhagic or metrorrhagic, occurs only in the intracervical variety not depending, however, upon the size of the tumor, but where the organ has tried to expel or has expelled the fibroid, partly or wholly, into the vagina. Such a fibroid is apt to become septic.

The best treatment of fibroids is of course operative. The use of animal extracts, injections into the tumor and electricity, to effect a cure, is about obsolete. It is true electricity does relieve pain and controls the hemorrhage as a rule. The arrest of growth and cessation or modification of the symptoms, even without treatment, does occur, but is rare. When the patient refuses to be operated upon and when an operation is out of the question, other treatment may have to be substituted. The symptoms that call for operative interference are, excessive hemorrhage, adhesions, rapid growth, severe pain, septic or degenerative changes.

The hemorrhage seldom kills directly but indirectly and its effects upon the general health are most baneful.

The operative treatment may be divided into two main classes, viz., abdominal and vaginal; and these in turn, into different methods which have to do with the removal of the tumor, or part or whole of the organ, with the growth or growths. In the past and even now

the operation known as myomectomy has had many supporters, but I believe as the returns come in that it will become more and more limited on account of the dangers of hemorrhage and sepsis and the likelihood of the appearance of other fibroids later, the latter of which in my opinion, is by no means the least weighty of the reasons for its restriction, (this applies also to the removal by enucleation).

The selection of the route and method of operation will depend upon the case and the experience of the operator. Sometimes I have operated through the vagina, sometimes through the abdomen.

The question of leaving or removing the ovaries is not settled. There are many adherents of both procedures. Although it is wise to favor the conservation of an organ, it is not always easy to determine when this shall be done. Whether one or both ovaries be taken or left will depend on each individual case.

It must be borne in mind that failure or success will depend upon the heart and intestines and that causes of death are in the main due to heart failure and intestinal paralysis. Avoidance of handling the bowels, of chilling or of exposure of same, of loss of blood, the use of the Trendelenberg position during operation, and the saving of time, are factors in a successful outcome, together with the use of strychnine, the elevation of foot of bed and injections in bowels after operation.

DISCUSSION.

Dr. Glasgow:—The advantage in leaving the cervix sometimes overbalances the possibility of recurrence, and if it does recur it is easy to remove. I have a lot of patients with fibroids in them and they are pretty comfortable. One woman came to me eight years ago with a superitoneal fibroid. I told her to let it alone. She came to me again today. She has had no disturbance at all and she is now forty-two years of age. Menstruation lasts but two days, there is no discharge, she is not sick in any way. There is no difference in her condition except that she is a little bigger than she was. I told her to go home and if it causes her any trouble in any way to come back to me and I would remove it. I had recently a patient who was pregnant six months who came to me with a small fibroid high up which was causing her no trouble and I told her to go home. Dr. Carstens said that every case of fibroid should be operated on, and in proof of the danger of leaving them he cited a case of fibroid which after thirty years had been followed by malignant degeneration. If he had operated on that case thirty years ago in the beginning he would probably have used the intraperitoneal route and the woman would probably have been buried thirty years ago, or if he had used the extraperitoneal route she would doubtless have had a hernia during all those years, so I think she was much better off as she was. And so I warned this woman that if she had any pain she was to come back to me and I would take it out. If I operated on all the fibroids I find I would operate on five times as many as I do. If it is on the peritoneal surface you can safely let it alone. If it is down in the broad ligament it will certainly do harm and it should come out. If it is on the upper surface of the uterus and perfectly free in the abdominal cavity it is not doing any harm.

Dr. Elbrecht:—Did you find any tubal trouble?

Dr. Funkhouser:—No.

Dr. Elbrecht:—There is a point in this connection that has always interested me, that is intestinal adhesions. In almost every case where we have intestinal adhesions we will find the cause is some inflammatory condition that can be traced to the tube or ovary. In one of my cases there were intestinal adhesions all over and it was to be accounted for by a pus tube. I would like to hear some discussion on this point. Dr. Funkhouser has certainly had a rare case, where the fibroid recurred on the stump.

I think Dr. Jonas is right in leaving a piece of the uterus and an ovary where possible for these patients do not become the neurasthenics that they do when we remove both ovaries.

Dr. Taussig:—If we leave an ovary the nervous symptoms are far less severe. The change is less abrupt and even if we don't leave a part of the body of the uterus we should leave the cervix. Of course there is danger of the myoma returning but it is such an easy matter to remove it that it would not weigh against the advantages of leaving the cervix: but the difficulty of getting a patient back into your hands for another operation is very great.

The President:—In a large percentage of cases these little tumors do not develop further. The small fibroid nodules are found in about twenty per cent. of women over thirty, so I feel that is not a safe statement to make. I believe myomectomy will become very general rather than obsolete, and when carried out early will be found most satisfactory. Granted that in some cases where it is indicated, it is fully as dangerous as hysterectomy, still it is advisable because it saves the uterus. In young women the advantage of leaving the uterus fully justifies the risk of possible trouble from another fibroid. In some cases the preservation of the uterus is well worth the risk of a second or even a third operation.

Dr. Elbrecht:—What is your idea of the absorption of small ones after pregnancy and have you seen any such?

The President:—I do not count much on it. I have never seen an instance.

Dr. Glasgow:—If there is more of the myomatous tissue they are likely to undergo some change; fibroids do not.

Dr. Elbrecht:—I recall one case in which the tumor was the size of a lemon but after the uterus had undergone involution it was very much smaller than when first discovered.

Journal
Missouri State Medical Association

The Official Organ of the State Association and Affiliated County Societies.
Published Monthly under the supervision of the Publishing Committee

ADDRESS ALL COMMUNICATIONS TO 534 NORTH VANDEVENTER AVENUE, ST. LOUIS.

Volume III. DECEMBER, 1906. Number 6

E. J. GOODWIN, M. D., Editor.

Publication Committee:
C. M. NICHOLSON, WALTER B. DORSETT. B. M. HYPES. W. G. MOORE.

EDITORIAL.

REPORT OF THE CHAIRMAN OF THE COMMITTEE ON PUBLIC HEALTH AND LEGISLATION; WITH SYNOPSIS OF MEASURES PRESENTED TO THE STATE BOARD OF HEALTH AT ITS MEETING IN KANSAS CITY, NOVEMBER 28, 1906.

The committee on Public Health and Legislation desire to submit for your consideration some of the matters which we deem it of importance that your board should consider and embody in your annual report to the Governor with the view of assisting in the enacting of proper legislation.

First: We desire to present to you a copy of the bill which was drawn for the St. Louis Medical Society by Judge Shepard Barclay touching criminal abortion and also a proposed amendment of the law touching criminal abortion in relation to the admission of evidence. This bill has the sanction of the St. Louis Medical Society and has been transmitted to the committee of the State Association with request that it be referred to the state board of health:

PROPOSED DRAFT OF AMENDMENT OF LAW TOUCHING CRIMINAL ABORTION.

Amended Sec. 1825. Any person who with intent to produce or to promote a miscarriage or abortion, prescribes, advises, gives, sells or administers to a woman (whether actually pregnant or not) or who with such intent procures or causes her to take, any drug, medicine, or article or uses upon her, or advise to or for her the use, of any instrument or other method or device to produce a miscarriage or abortion (unless the same is necessary to preserve her life or that of an unborn child, or, if such person is not a duly licensed physician, unless the said act has been advised by a duly licensed physician to be necessary for such a purpose) shall, in the event of the death

of said woman or any quick child whereof she may be pregnant being thereby occasioned, upon conviction be adjudged guilty of manslaughter in the second degree and punished accordingly; and in case no such death ensue such person shall be guilty of the felony of abortion, and upon conviction be punished by imprisonment in the penitentiary not less than three nor more than five years, or by imprisonment in jail not exceeding one year or by fine not to exceed $1,000.00, or by both such fine and imprisonment; and any practitioner of medicine or surgery, upon final conviction of any such offense as is above defined, shall also be subject to have his license or authority to practice his profession as physician or surgeon in the State of Missouri revoked by the State Board of Health in its discretion, upon satisfactory proof of such final conviction.

PROPOSED AMENDMENT OF LAW TOUCHING CRIMINAL ABORTION IN RELATION TO THE ADMISSION OF EVIDENCE.

Sec. 2635-A. In prosecutions for abortion or for manslaughter occasioned by an abortion or miscarriage, or by an attempt to produce either, or attempted abortion, or for any crime of which abortion or miscarriage may be part of the essential facts to be proven, the dying declarations of the woman whose death is charged to have been caused thereby shall be competent evidence on the trial of any person charged with such crime, with like effect and under like limitations as apply to dying declarations in cases of felonious homicide, provided, that the party offering such declarations shall first satisfy the court by competent testimony that such woman was of sound mind when said declarations were made, and provided further that no conviction shall be based alone upon such declarations unless corroborated as to the fact that an abortion or miscarriage has taken place and in all such prosecutions aforesaid any physician or medical practitioner who may have attended or prescribed for such woman shall be a competent witness in said cause to testify concerning any facts relevant to the issue therein, and shall not be disqualified or held incompetent by reason of his relation to such woman as an attending physician or surgeon.

We also submit for your consideration an amendemnt to the law concerning the length of time during which the physician can be sued for malpractice.

Both of the laws mentioned are the result of instructions given to the committee on public health and legislation by the State Medical Association at its last meeting.

Our committee is also in receipt of an act to amend chapter 23 of the revised statutes of Missouri, 1899, in relation to druggists and their licenses, by adding a new section to be known as Section 3048a according to which druggists must file copies of prescriptions for intoxicating liquors, which reads as follows:

Every druggist, proprietor of a drug store or pharmacist shall, on the first Monday of each and every month, file with the county clerk of the county in which he is doing business, a copy of all prescriptions containing twenty per cent. or more of alcohol or intoxicating liquors compounded by him or those in his employ during the preceding month, and said copies of said prescriptions shall be accompanied by an affidavit of the druggist, proprietor of a drug store or pharmacist stating that said copies so filed

are true, and are copies of all such prescriptions filled by him or those in his employ during the preceding month; and on failing, neglecting or refusing to do so, shall be deemed guilty of a misdemeanor, and on conviction shall be punished by a fine not less than fifty dollars nor more than two hundred dollars.

Our committee recommends that you also give your endorsement to this bill which has been adopted by the meeting of the representatives of the various county medical societies held in St. Louis on July 10, 1906.

Concerning the other act, to increase the power of the state board of health, which was also adopted at that meeting, our committee has reached no conclusion and therefore suggests that you consider its merits and if it is thought expedient, embrace it in your report.

The question of collecting vital statistics in this state has been considered during several sessions of the General Assembly and we again urge upon you to have this matter brought before the legislature at its next meeting. Our committee is familiar with the proposed legislation as presented by the secretary following a resolution passed at the Hannibal meeting of the state board of health. The relative simplicity of this enactment as presented by the secretary will make its passage perhaps less difficult than the enactment of a new bill.

Another matter to which we call your attention is that concerning which directions were given our committee by the State Medical Association following the report of the committee on Medical Education, which was published in the July number, page 50, of the JOURNAL. In this report it is urged that the state board adopt the standard requirements recommended by the National Council of Medical Education and which your committee has formulated in the shape of an amendment to the present practice of medicine act.

We wish next to call your attention to a bill prepared by the committee of the United Pure Food Association of St. Louis and submitted to us by its chairman, Dr. H. W. Bartscher. The committee is not prepared to discuss in toto the contents of this proposed legislation. In a general way we wish to say concerning it that as you know Congress at its last session passed the so-called Pure Food bill. It is considered necessary in order to give protection to the various states against the adulteration of foods and drugs to have enacted by the several legislatures acts protecting the people of the various states against impure foods and drugs which might be manufactured and sold within the confines of the several states. The object of the bill herewith presented is to do this for the State of Missouri. Our committee endorses the intent of the bill and we request of you either to take up the consideration of this measure in detail, or endorse the general intent of it leaving the work of securing its passage by the legislature to the United Pure Food committee. This bill has the endorsement of various commercial organizations

of the city of St. Louis and of the State of Missouri and its advocacy by the state board of health will be of considerable assistance to the association which originated the measure.

The state board of health entered into an informal discussion of the propositions presented to them and in view of their importance decided to hold a special meeting for their detailed consideration in St. Louis on December 10, 1906.

HAS SUBSTITUTION BEEN REPLACED BY EXTORTION?

In a weekly paper published in this city there recently appeared an article under the caption "A New Medical Scheme," detailing the methods adopted by some physicians the object of which it is asserted is to prevent substitution of drugs by pharmacists. It would appear, however, from the plan followed that extortion of money from a patient for medicines ordered could easily be practiced. In the working of this scheme the doctor prescribes by number only and the druggist is forced to order the preparation from the Western Branch of the Pharmaceutical Laboratory, as the concern is known, located in the Colonial building. The charge to the druggist is anywhere from 50 cents to $1.00 for each article thus making the charge to the patient range from 75 cents to $1.25. Substitution is effectually prevented but extortion can easily be practiced because only the doctor and the members of the W. B. P. L. know what is contained in the prescription. Thus a dozen two grain capsules of quinine might cost the patient from 75 cents to $1.00 when ordered in this manner. It is said that a young man was forced to pay $6.00 for twenty or thirty ordinary-looking tablets, the druggist explaining that he was compelled to charge that amount as he was forced to pay $5.00 for them. It is said that a Dr. F. L. Phillips is at the head of the concern and that a number of physicians in the city are members—some of them members of the St. Louis Medical Society. Dr. Phillips asserts that the plan has been submitted to the St. Louis Medical Society and was pronounced ethical. We believe the circumstances surrounding the management of this association will justify an investigation by the committee on ethics of the St. Louis Medical Society in view of the statement that it has the endorsement of that body.

THE PROGRAM.

The programs presented at past meetings of the Missouri State Medical Association have never fulfilled the aims and desires of the program committees. There has always been a feeling that the medical profession of Missouri could do better—therefore it should do better.

With this past experience in view, the present program committee is already at work and using every effort to bring out scientific material worthy of organized medicine in Missouri. The societies have all been recently communicated with and the success of the next meeting at Jefferson City, May 16-17-18, 1907, will depend in great measure upon the vigor, earnestness and promptness with which the societies act.

A new and special feature of the program will be a pathological exhibit to be contributed through committees from the medical schools of the state and through county societies. Suggestions for raising the work to the highest standard both as to papers and exhibits will be welcomed by the committee.

A state meeting should be in the nature of a short instructive post-graduate course. To this end it is more the quality of material presented that will be of benefit than an indiscriminate mass of papers which could not be read on account of the time limit. It is this exchange of ideas, opinions and experiences which makes medical meetings of real value to those in attendance. One practical point from each of a number of men discussing a paper is often of more value than a few points brought out from the experiences or observations of one essayist.

MEDICAL LEGISLATORS.

In connection with our oft-repeated statement of the necessity of co-operation on the part of the doctors in a community with those representing their interests in legislature we print an excerpt from a foreign journal showing how lack of unity will frustrate success:

> We have often pointed to France as a country specially blessed in the possession of a considerable number of representatives of the medical profession in the Chamber of Deputies. Apparently in their own country these legislators share the proverbial fate of the prophet. Not long ago the *Semaine Medicale* went so far as to state that experience had shown that as far as the protection of the material interests of the profession is concerned, it does not matter whether there are few or many doctors in Parliament. We gather that their corporate influence is a negligible quantity. In Italy, where also the medical legislator flourishes, his services are held equally cheap by his brethren. Last year a medical group was formed of the doctors who had seats in the Italian Parliament. Much was expected of it, but it does not seem to have justified its existence. Quite recently a resolution was passed by the Council of the Federation of Medical Associations to the effect that, as the Medical Parliamentary Group has up to the present time done nothing in fulfillment of the hopes to which its formation gave rise, the Federation has decided to separate itself completely from the group and to exert independently whatever influence it can bring to bear on Parliament as a whole.—*British Med. Jl.*, Oct. 27, 1906.

An intelligent reading of the above cannot fail to make clear to a doctor, even though he be lukewarm where his personal interests are not at stake, the importance of a sympathetic attitude to the demands made by the medical legislators. Dissensions in our medical ranks weaken the force and virility of the influence of the men whom we look to for righting our wrongs in legislature. This was done in the past by non-medical legislators circulating reports, albeit exaggerated but nevertheless containing a grain of truth, that the medical legislators were not representative of the medical thought of the state because of a slight difference of opinion in medical circles. No remark is more easily siezed upon by legislators and the people at large than something that can be construed by them into a statement justifying their antagonism against measures introduced by the medical profession for the benefit of mankind. So long as the community is under the impression that a measure is not indicative of unity of thought among physicians, the legislator will be sadly handicapped and his efforts in behalf of the people will be fruitless.

The lesson learned from the above quotation shows us beyond a doubt that the failures recorded in France and Italy were due to just those causes which for months we have considered inimical to success. To say that the same does not and can not obtain among us because we are a people of a different temperament and habits is a fatuity, since human nature is the same the world over. Rather should it be a lesson not to be read and then forgotten but treasured up in the memory as an instance why failure resulted instead of success. z

PHYSICIANS IN THE LEGISLATURE.

The following is a list of the medical members of the legislature: Senate: Frank De Vilbiss, Eugent. House: Adair county, Frank P. Young, Kirksville; Cole county, J. P. Porth, Jefferson City; Dallas county, I. Phillips, Buffalo; Gasconade county, Alonzo Tubbs, Canaan; Jackson county, N. Holcomb, Oak Grove; Jefferson county, W. E. Gibson, DeSoto; Newton county, E. M. Roseberry, Neosho; Ray county, T. B. Cook, Rayville; Scott county, S. J. Wade, Benton; Wright county, R. H. Hanson, Hartville; St. Louis city, G. H. Wilson, 2610 N. 10th St.

MR. WAMSLEY AND HIS DEFEAT.

The discomfiture of a lost leader is illustrated in the case of H. R. Wamsley, the "Father of the Game Law." His indignation against the physicians of the state for a lack of faith among his constituents should be construed by the medical profession as a compliment to our strength and probity. Mr. Wamsley with rare candor proclaims that he opposed the passage of laws designed to give the state board of health "power of confiscating property, arrest and drafting into its service the peace officers of a community in time of emergency." His resentment because the doctors retaliated would indicate that in his

estimation the medical profession is a sorry lot and should be supine to meet his ideas as to his importance as a factor in the state. But the mere recognition on his part that his defeat was wholly due to the influence the physicians had with his constituents gives us a hope for future reforms. It shows indisputably that people though blindly lead for years can realize even late in the day the errors of their ways. By reversing their good opinions of Mr. H. R. Wamsley they have shown their appreciation of progress in the right direction and have helped the medical profession in removing an obstacle in the passage of laws affecting the good of the community.

WHAT IS BEING DONE IN MISSOURI TO AID THE FIGHT AGAINST TUBERCULOSIS IN THE STATE.

The State Sanatorium for incipient tuberculosis will soon be ready for patients.

The State Medical Association has arranged for a whole session's discussion of tuberculosis from the civic standpoint under charge of a special committee.

Each county medical society has been requested to appoint a local committee on tuberculosis to present statistics and recommendations to the State Association.

"The Anti-Spitting" ordinance has received special attention with noticeable results.

The registration of consumptives progresses smoothly and efficiently giving increased facilities for statistics and action thereon.

The Society for the Prevention of Tuberculosis has recently distributed 555,000 cards and leaflets among the homes, workshops, street cars and institutions of the city. Lectures have been given and more are promised by the lecture committee.

The Society for the Relief of Consumptives just organized has already a large membership and important work outlined. The profession should largely attend its first public meeting in the St. Louis Medical Society hall, December 12th. These two associations will work in harmony.

For the care of consumptives, in addition to the above, the St. Louis board of health has a special clinic conducted by able physicians and demonstrations in tuberculosis are given to practitioners and senior students every Saturday from two to four under the care of one of the Universities.

Mount St. Rose Sanatorium for tuberculosis has cared for over 1,000 patients in four years and has need for double its present capacity.

The above is but a beginning in the great work in our city and state. The future rests not so much with the few already at work as with the many who are interested but have not yet felt their responsibility.

Following is a list of physicians who made application for membership in the first twenty days in November:

Allen, C.....Blairstown.
Alpin, W. H.....Hamilton.
Appleberg, Reuben.....Leadwood.
Arthur, S. F.....Laconia.
Ashley, Thos. J.....Orrick
Barth, P. H.....Bismarck.
Barnes, F. M.....Brashear.
Beers, E. G.....Springfield.
Benage, J. L.....Iberia.
Bowers, H. E.....Osgood.
Bradley, C. S.....Harris.
Bradshaw, J. T.....Montrose.
Bronaugh, J. H.....Calhoun.
Brown, John.....Cameron.
Brown, W. McF.....Stafford.
Bruton, J. W.....Ozark.
Byler, Wm. F.....Koeltztown.
Casey, J. H.....Liberty.
Clark, H. R.....Pierce City.
Clark, J. W.....Springfield.
Conover, Chas. C.....Kansas City.
Coussins, S. W.....Morrisonville
Cowan, Lee.....Iatan.
Crane, T. V. B.....Springfield.
Darrell, G. B.....Republic.
Denman, Joel I.....Kansas City.
Desmond, H. E.....Plattsburg.
Dewey, J. E. .....Springfield
Doggett, J. C. R.....Crane.
Domino, J.....Herman
Doran, Thos.....Trimble.
Drake, W. D.....Bolivar.
Duffie, W. M.....Millard.
Elkins, C. B.....Springfield
English, J. H.....Farmington.
Estill, W. G.....Lawson
Etherton, Wm. C.....Camden.
Evans, E. E.....Bois D'Arc.
Farthing, K. R.....Sparta.
Ferguson, J. P.....Springfield
Field, W. S.....Kansas City.
Fleming, Chas. R.....Farmington.
Foster, T. H.....Coffeyville.
Freeland, P. L.....Pierce City.
French, U. S.....Republic.
Fry, Chas.....Syracuse.
Furnish, J. A.....Gransville.
Fuson, F. B.....Springfield.
Garner, R. L.....Pollock.
Grady, L. C.....Laden.
Gray, L. M.....California.
Griffith, S. H.....Humansville.
Griffith, A. I.....Stoutville.
Gum, E. J.....Stinson.
Hall, H. E.....Laredo.
Hall, W. S.....Novinger.
Harding, D. E.....Aurora.
Harrison, E. P.....Flemington
Hanning, W. L.....Humphreys.
Hedges, Frank.....Pattonsburg.
Henderson, J. P.....Kansas City.
Henry, A. M.....Kansas City.
Herrington, W.....Green City.
Hill, E. C.....Smithville.
Holliday, S. J.....Pollock.
Hopkins, W. S.....Bolivar
Houser, F. W.....California.
Howard, T. S.....Chilhowee.
Hunter, Wm. B.....Fortuna.
Isley, D. L.....Excelsior Springs.
Jacobs, H. P.....Camden.
Jarrett, S. S.....Pattonsburg.
Jose, J. E.....Belle.
Johnson, W. E.....Madison.
Jurgens, L. C.....Kirkville
Keith, S. R.....Excelsior Springs.
Kerr, U. F.....Springfield.
Kessinger, J. C.....Milan.
Kinsey, J. T.....Lathrop.
Loafman, J. E.....Bolivar.
Longfield, J.....Turney.
Loer, T. R.....Billings.
Lister, R. B.....Desloge.
Lynch, J. C.....Kansas City.
McAlester, A. W.....Kansas City.
McArthur.....Kansas City.
McClure, L. E.....Walnut Grove.
McConnell, J. L.....Connellville.
McCormick, E. C.....Farmington.
McCutchen, J. E.....Lemonville.
McEwen, G. A.....Farmington.
McKenzie, D. H.....Leadwood.
McGee, D. W.....Granville.
Magee, R. S.....Green City.
Martin, W. W.....Sperry.
Matlock, L. J.....St. James
Mayfield, M. H.....Springfield.
Meredith, S. G.....Cowgill.
Meredith, O.....Breckenridge.
Mitchell, A. W.....Humansville.
Mitchell, A. P.....Bolivar.
Miller, T. D.....Aurora
Mizener, J. L.....Edgarton.
Moore, W. A.....Westline.

Munn, W. E.....Pure Air
Nagle, P. E.....Billings.
Neeley, J. E.....Vancleve.
Noe, L.....Connellville.
Nunn, J. C.....Novinger
O'Bryan, L. F.....Jacksonville.
Oyler, H. W.....Mill Grove
Palmer, W. C.....Dayton.
Parker, J. Z.....Pattonsburg.
Parsons, Wm.....Greencastle
Perry, J. K.....Walnut Grove
Peters, M. L.....Cameron.
Pickett, C. P.....Mercer.
Pool, W. O.....Stoutland
Poole, A. R.....Milan.
Powell, B. S.....Mercer.
Ragsdale, T. J.....Lee's Summit
Randolph, A. B.....Kansas City.
Rentfro, E. W.....Rayville.
Redman, S. H.....Tipton.
Reece, W. C.....Elvins.
Rhoads, M. H.....Austin.
Rice, Marion.....Stotts City
Roberts, I. M.....Green City
Robertson, A. W.....Lathrop
Robinson, G. W.....Kansas City.
Hoberts, J. F.....Bolivar.
Robinson, J. D.....Belgrade.
Roney, John H.....Lawson
Ruyle, H. J.....Springfield.
Seibert, A. W.....Windsor.
Seibert, M.....Windsor.
Seibert, A. W.....Desloge.
Seibert, Minnie .....Desloge.
Shafer, F. M.....Edgarton.
Shepler, R. H.....Mystic.
Shultz, J. W.....Weston.
Shumate, L. St. Clair..Reeds Springs.
Shriver, C. M.....Harris
Sley, J. P. T.....Excelsior Springs.
Smith, A. P.....Ash Grove.
Smith, A. S. J.....Dearborn.
Smith, G. W.....Henry.
Smith, J. V.....Hardin.
Smith, S. B.....Walnut Grove
Smith, S. D.....Cowgill.
Smith, W. L.....Sparta.
Smith, W. S.....Rolla.
Spark, E. E.....Amsterdam
Sparling, G. A.....Kirksville.
Sprinkle, W. C.....Monroe City.
Stapp, J. H.....Hardin
Stacy, E. W.....Princeton.
Stammer, F. W.....Bismarck.
Stephens, J. M.....Calhoun.
Strieby, U. G.....Browington
Sutcliffe, G. N.....Jamesport.
Swaney, A. G.....Lee's Summit.
Sweeney, J. L.....Monroe City
Tadlock, H. L.....Holt
Taylor, H. L.....Greencastle.
Taylor, C. D.....Brownington
Thomas, C. O.....Worthington.
Thomas, C. S.....Laredo
Thompson, A. W.....Galt.
Thurman, S. F.....Potosi.
Tickle, S. W.....Springfield.
Todd, C. S.....Hartwell
Tout, B. B.....Archie.
Tunnell, J. D.....Regar
Underwood, J.....Parksville.
Voegelin, Samuel.....Kansas City
Wainwright, A. G.....Bonne Terre.
Williams, G. B.....Flat River.
William, W.....Kirksville.
Williams, L. E.....Boaz
Williams, N. C.....Springfield.
Williams, R. F.....Springfield
Wilson, C. E.....Kansas City
Wilson, J. S.....Deepwater.
Winter, J. H.....Parksville.
Woods J. Robt.....Smithville.
Wyatt, Thos. E.....Kansas City
Yeargan, J. P.....Irondale.
Yokom, G. D.....Parksville.
Young, J. C.....Ozark.

COUNTY SOCIETY NOTES

CALDWELL COUNTY MEDICAL SOCIETY.

Caldwell County Medical Society met at Hamilton on October 3rd. Daviess County Medical Society had been invited to attend this meeting and take part in the proceedings and the following members of that body were present: Drs. D. M. Hanna, W. L. Brosius and M. A. Smith of Gallatin, and A. M. Wetzel, of Jameson. Dr. Thompson, of Meadville, Linn County, was also present.

Dr. B. F. Carr reported a number of cases of pleurisy with effusion: Dr. N. M. Wetzel read a paper on dysentery: Dr. Tinsley Brown read a paper on the use of hyoscine and morphine as a general anesthetic and hypnotic, and reported a number of cases. Dr. Lindley presented a patient, a baby two months old, with umbilical hernia: the patient also had continuous protruding of the tongue. The opinion of most of the members was that symptoms of cretinism were present in this case. Dr. C. O. Dewey read a paper on arteriosclerosis.

The next meeting will be held at Kingston on the first Wednesday in January.—Tinsley Brown, M. D., Reporter.

CASS COUNTY MEDICAL SOCIETY.

Cass County Medical Society met in the office of the secretary at Liberty on October 29th, twelve members being present. Dr. J. C. Bateson, of Scranton, Pa., was present as a visitor. Dr. Bateson is representing the American Medical Association and assisting in the organization of local county societies.

Dr. J. M. Griffin of Excelsior Springs, presented a thoughtful paper on the treatment of "Chronic Nephritis," which called forth a liberal discussion. Dr. F. H. Matthews, of Liberty, read a paper on "The Use of Ichthyol," which was well received.

A resolution was adopted instructing the president to appoint a member to read a paper on the therapeutic application of some drug at each meeting of the society.

Dr. J. T. Mash, of Liberty, reported a case of unconsciousness with peculiar manifestations. Dr. R. E. Sevier, of Liberty, reported a case of cellulitis from an infected nail wound. Dr. J. T. Mash reported a case of hematuria of long standing and of obscure origin. D. J. M. Allen, of Liberty, then ably discussed the subject of "Acute Dysentery."

The attitude of physicians toward osteopathy was discussed, and

it was declared to be an unprofessional act to treat any case which was being seen or treated by any one calling himself an osteopath.

The meetings of this society continue to be well attended, with much interest manifested.—F. H. Matthews, M. D., Secretary.

GASCONADE-MARIES-OSAGE COUNTY MEDICAL SOCIETY.

The regular meeting was held at Meta, October 25th, the president, Dr. J. J. Ferrell, in the chair. Eight members were present.

Dr. S. J. Terrell presented a clinic that was discussed by all present. The Chairman, Dr. J. J. Ferrell delivered the Annual Address. Dr. J. D. Seba read a paper on Medical Laws: What They Are and What They Should Be. It was then moved to adjourn until 7 o'clock P. M.

At 7 o'clock the body was called to order by the President. Dr. Seba's paper was discussed by Drs. Nieweg, Engelbrecht, W. R. Ferrell, Spurgon, Radamaker, Neely, Briegleb, Terrell and closed by Seba.

Dr. John Engelbrecht read a paper on "Prostatitis." Discussed by Dr. Seba.

Dr. Briegleb read a paper on "Protection Against Damage Suits." Discussed by all present.

Dr. Nieweg read a paper on "Corporeal Endometritis." Discussed by Drs. Englebrecht, Seba, W. R. Ferrell, Briegleb, Spurgon, Neeley, Byler, J. J. Ferrell and closed by Nieweg.

Drs. W. F. Byler, J. E. Jose and J. E. Neeley were elected active members. Dr. Briegleb was elected a social member.

The following resolutions were offered by Dr. Seba and carried: Resolved, That this society endorse the establishment of a State Health Commissioner with an office at the State Capitol; that the coroner of each county be made the County Health Officer, and that we instruct our respective representatives to work to this end.

Dr. Nieweg offered a resolution to amend Sec. 2 of Chap. II by striking out the word "fourth" and adding in lieu thereof the word "second;" and by striking out the words "April and October" and adding the words "December, March, June and September." Also Sec. 2 of Chap IV, by striking out the word "October" and inserting the word "December." Dr. Spurgon offered a resolution to amend Sec. 2 of Chap. I by striking out the word "next" and inserting the word "same." Both resolutions were read and laid on the table until the next meeting.

Dr. Seba moved that a vote of thanks be extended to the citizens of Meta, in general and the doctors in particular for the generous entertainment of the society. Carried.

The secretary reported $10.75 in the treasury. Also that six

members paid dues in the year of 1905, while thirteen paid dues in the year of 1906. It was moved and carried that a special meeting be held at Bland, at 12:30 p. m., on the second Thursday in December, 1906, to prepare a bill on medical legislation. Also to invite the representatives from the three counties to be present.

The officers elected for the ensuing year are as follows: President, Dr. W. R. Ferrell; vice president, M. E. Spurgon; secretary-treasurer, J. W. Nieweg; delegate, J. J. Ferrell; censor, S. J. Terrell.

Dr. J. D. Seba was appointed to read a paper at the next meeting of the State Society.

The next regular meeting will be held at Owensville.—J. W. Nieweg, M. D., Secretary.

JACKSON COUNTY MEDICAL SOCIETY.

The Jackson County Medical Society held its regular weekly meeting on Tuesday evening, October 9th, in the Club Rooms of the Kansas City Athenaeum, the president, E. H. Thrailkill, in the chair. There was an attendance of 32 at this meeting.

Applications for membership were received from Drs. W. L. McBride, George G. Kreeger, and W. C. Klein, and referred to the Board of Censors. The membership committee having reported favorably upon the applications of Drs. O. L. McKillip, O. P. Faires, and Roger B. Brewster, they were duly elected to membership.

The professional program consisted of a paper by Dr. N. A. Drake, on the subject of "Our High School Curriculum Defective."

The Doctor considered the problem of how best to instruct girls at the age of beginning menstrual function in the care to be taken at this period in order to prevent derangements which result either from lack of proper physical development or from carelessness and neglect during menstruation. He recommended more instruction in physical culture, and raised for discussion the question of the feasibility of teaching girls in High School something with reference to the physiology of the menstrual function.

Those taking part in the discussion were Doctors C. J. Morrow, Franklin E. Murphy, John Punton, C. Lester Hall, J. M. Langsdale, Maggie L. McCrea, Avis E. Smith, Nannie A. Stephens. Dr. Drake closed the discussion.

Before adjournment, two cases of considerable interest were reported briefly. One by Dr. E. von Quast, of a patient who had received two bullet wounds, one of which was very serious, the bullet entering the neck below the sub-lingual gland on the right side passing backward and toward the left side, through the deep structures of the neck, perforating the esophagus and larynx; deflected by the deep faciæ on the left side it escaped just to the left of the sternomastoid above the clavicle; the patient holding his left arm elevated at the

moment of injury, the bullet re-entered the soft tissues of the shoulder and lodged at a point over the spine of the scapula. The patient made an uninterrupted recovery.

Dr. C. J. Morrow reported a case of extremely distressing vomiting of pregnancy which resisted all methods of treatments; the question of producing abortion was being considered by Dr. Morrow.

MEETING OF OCTOBER 23, 1906.

The meeting was held in the University Building, the president, Dr. E. H. Thrailkill, in the chair. Twenty-eight were in attendance.

A communication under the date of October 15, 1906, was received from the Secretary of the State Board of Health, in reply to a complaint from the Jackson County Medical Society regarding Dr. C. H. Carson. The board after describing the present status of the case against the above mentioned advertiser, requested all who could furnish evidence by citing cases treated by Dr. Carson and for which he had received payment, to send same to the secretary of the Board of Health. Upon motion of the Secretary, this communication was referred to the local committee on public health and legislation, with a request for an early report.

The membership committee reported on the applications of Dr. George G. Kreeger, W. L. McBride, and W. C. Klein. Ballots were spread and they were duly elected to membership in this society.

A motion in writing was introduced by Dr. Fred T. Van Eman to so change the Constitution as to make the meeting nights on alternating Saturday evenings.

The program of the evening consisted of the report of a case of "Congenital Deformity" by Dr. Gordon A. Beedle and a paper on the subject "The X-Ray as a Diagnostic Aid" by Dr. E. H. Skinner. The case presented by Dr. Beedle was that of a boy sixteen months old. The congenital deformity was the complete absence of the left leg from about two inches below the knee-joint: on the right foot, talipes equino-varus with absence of toes: the child was normal in every other respect. The report was discussed by Dr. A. E. Hertzler. The paper by Dr. E. H. Skinner, was a practical consideration of the value of the x-ray in the diagnosis of various pathological condition such as inflammatory lesions, new-growths, consolidations, cavities, etc., as well as bone and joint injuries and diseases, and the presence of foreign bodies. Dr. R. McE. Schauffler opened the discussion, the following also taking part: Doctors F. P. Clark, O. H. McCandless, J. N. Scott, Maggie L. McCrea, F. J. Moennighoff, Herman E. Pearse, and A. E. Hertzler. Closed by Dr. Skinner.

MEETING OF OCTOBER 30TH, 1906.

The regular weekly meeting was held in the University Building. In the absence of the president and vice president, Dr. J. W. Kyger was requested to preside over the meeting.

The program of the evening consisted of a paper by Dr. C. B. Hardin, and the report of a case by Dr. W. K. Trimble. The title of Dr. Hardin's paper was "Some Remarks Concerning the Constitutional Effects of Tenia Solium," and it proved to be a very interesting consideration of the subject of tape-worms in general, their symptomatology and treatment. Dr. Chambers opened the discussion with some remarks as to etiology and prophylaxis. Others taking part in the discussion were: Doctors G. A. Beedle, Franklin E. Murphy, Roger B. Brewster, Avis E. Smith, Robert O. Cross, Annie J. Scott and J. W. Kyger; the discussion was closed by Dr. Hardin.

Dr. William K. Trimble presented a highly interesting case of epithelioma of the nose, in a man 45 years of age and presented the patient. The growth was of a very rapidly growing type, and seemed to be responding successfully to the treatment by the x-ray. This case was characterized by extremely rapid development and was accompanied by marked adenopathy, especially of the cervical lymphatics on both sides. The condition began on July 1st, by a small sore on left side of nose and for several weeks ran a very acute course, owing probably to accompanying inflammation. Microscopic examination showed this to be of the squamous celled type of epithelioma. The discussion was opened by Dr. Roger B. Brewster, who stated that it was sometimes difficult to differentiate even microscopically a lesion like the one presented from a tertiary syphilitic manifestation. Others entering into the discussion were, O. H. McCandless, who spoke of the x-ray treatment of such conditions and of this case in particular; B. C. Hyde and J. Q. Chambers, and Franklin E. Murphy who questioned the diagnosis in the case and suggested that this was probably a syphilitic chancre of the nose. The discussion was closed by Dr. Trimble.

Before adjournment the Society returned to miscellaneous business in executive session.

Dr. B. C. Hyde brought up for consideration the matter of the nomination of Harry Walmsley as Representative from the Fifth District of Jackson county, and requested that a committee be appointed to act in conjunction with one from the Kansas City Academy of Medicine in the work of opposing the election of any one to whom physicians could not trust matters of state and legislation. After some discussion it was moved and seconded that the Jackson County Medical Society appropriate $75.00 for the above purpose. The Secretary offered an amendment that committee of three be appointed from the Jackson County Medical Society with one from the Academy; this was seconded and the motion as amended carried. On this committee were appointed Drs. Herman E. Pearse, N. A. Drake, and R. W. Holbrook.

MEETING OF NOVEMBER 6TH, 1906.

Dr. E. H. Thrailkill, president, in the chair. Fifty-five were in attendance at this meeting.

The membership committee reported favorably upon the applications of John G. Sheldon and Charles R. Johnson. Ballots were spread and both duly elected to membership.

The scientific program of the evening consisted of a paper by Dr. W. J. Frick, entitled "Intestinal Perforations." The essayist treated especially of the symptoms and diagnosis of perforations, from various causes such as ulcerations and other pathologic conditions and gunshot wounds and other traumata. The most important symptoms were pain, muscular rigidity and tenderness. Dr. J. F. Binnie opened the discussion; he placed particular emphasis on the symptoms, especially the tripod as he termed them, pain, tenderness and muscular rigidity, and on the fact that in these cases early operation only promised the best results. Others taking part in the discussion were, Drs. J. D. Griffith, A. E. Hertzler, E. von Quast, and G. H. Hoxie. Dr. Fick closed the discussion.

Dr. W. H. Forsythe, a visiting physician from Korea, made some interesting remaks of his experiences in the practice of medicine in his part of the world.

MEETING OF NOVEMBER 13TH,, 1906.

The regular weekly meeting was held in the Densmore Hotel. Dr. J. W. Kyger in the chair in the absence of the president. Fifty-two were in attendance at this meeting.

The application of Dr. George Howard Hoxie for membership was received and referred to the Board of Censors.

The society endorsed the resolution adopted unanimously by the Missouri State Medical Association on May 15, 1906, a copy of which was received by the Secretary, November 12th. These resolutions were in criticism of those Life Insurance Companies which had recently ordered a reduction in the fee for medical examinations. Similar resolutions were read which had been adopted by the Kentucky State Medical Association: the latter placed the minimum fee for an examination at $5.00.

The Committee on Hall reported dissatisfaction in regard to the meeting place, and upon motion it was decided to meet in the Athenaeum Club Rooms, on November 20th.

The professional program consisted of two papers, one by Dr. John Punton, entitled "The Treatment or Prophylaxis of Curable Mental and Nervous Diseases," the other by Dr. T. R. Thornton of Lee's Summit, Missouri, on the subject "Hay Fever." Dr. Punton's paper was of unusual originality, displaying a great amount of research, investigation and practical experience. He considered the treatment and prophylaxis of those cases of mental deviations which are classed as border-line cases: such as are on the verge of insanity, but which do not properly belong for treatment in an asylum for the insane. A collection of interesting statistics was read presenting the percentage of

deaths in this county from diseases of the nervous system. The discussion was opened by Dr. C. C. Goddard of Leavenworth, Kansas, Drs. Langsdale and Hardin also taking part. Dr. Punton closed the discussion.

Doctor Thorton's paper on "Hay Fever" was well discussed by Drs. Theodore S. Blakesley and J. W. Gaines. Dr. Thornton closed the discussion.

MAX GOLDMAN, M. D., Secretary.

HOWARD COUNTY MEDICAL SOCIETY.

The November meeting was held at Fayette on November 2nd.

Dr. Jas. E. Jordan, formerly of New Franklin, Mo., transferred his membership to Howard County Medical Society. Doctors H. K. Givens and C. P. Magee were also elected to membership.

The question of reciprocity with other states was brought up for informal discussion. The general sentiment was strongly in favor of the law providing for reciprocity with other states.

Officers were elected for the year 1907 as follows:—President, N. E. Smith, Fayette; vice-president, J. A. White, New Franklin; secretary aand treasurer, C. W. Watts, Fayette; board of censors, C. O. Lewis, Fayette, J. B. Fleet, New Franklin, and J. R. Champion, Hilldale.—C. R. WATTS, M. D., Reporter.

LEWIS COUNTY MEDICAL SOCIETY.

Through the efforts of Mr. C. H. Roney, representative of the American Medical Association, and of Dr. Jurgens, District Councilor, twenty physicians of Lewis county made application for charter membership in the Lewis County Medical Society. The applications were handed to Dr. Jurgens and a meeting to establish permanent organization was called for October 25th, at Monticello.

On October 25th the applicants met in Monticello and permanent organization was perfected. Dr. Jurgens was prevented from attending and in his absence Dr. J. C. Brown was elected chairman.

The following officers were elected for the ensuing year:—President, J. C. Brown, Lewistown; vice-president. P. T. Wiseman, Monticello; second vice president, Wm. Ellery, LaGrange; treasurer, H. E. Dunlop, Canton; secretary, Paul F. Cole, Steffenville.

On motion a committee was appointed to draft a fee bill, the committee to consist of one member from each section in the county. A committee was appointed to draft a constitution and by-laws and also a committee on program.

The following is a list of the charter members: Geo. P. Knight, Benjamin; G. F. Thomin, Williamstown; A. A. Perry, Williamstown;

T. P. Wiseman, Monticello; C. O. Shanks, Canton; Junius Thompkins, Canton, H. E. Dunlop, Canton; W. L. Ellery, LaGange; R. E. Wilson, LaBelle; C. N. Frame, Ewing; N. O. Owens, LaGrange; Wm. Ellery, LaGrange; T. F. McGlasson, Lewistown; H. W. McKim, La Belle; Paul F. Cole, Steffenville; J. B. Marchand, Monticello; Dr. J. D. Raines, Maywood; J. C. Brown, Lewiston; Geo. L. McCutchan, Monticello; R. B. Schofield, Lewistown.

There are still a number of physicians in the county who are of high moral and professional standing and they are expected to join at our next regular meeting.—Paul F. Cole, Secretary.

STODDARD COUNTY MEDICAL SOCIETY.

The regular bi-monthly meeting was held at Acorn Ridge on November 5th, twelve members being present.

The board of censors reported favorably on the following applicants for membership and they were duly elected: W. H. Goad, J. F. Riddle, of Bernie; S. L. Mayfield, J. L. Cook and R. L. Ramsey, of Advance; W. B. Kerr, of Dudley.

The secretary reported twenty-two paid up members exclusive of the six elected this evening, making a total membership of twenty-eight out of a possible 35 reputable physicians in active practice in the county.

The election of officers for 1907 resulted as follows: President, T. B. Wingo; vice president, Ed. Moore; secretary, John Ashley, treasurer, E. L. Elmore; reporter, Geo. W. Vernon; delegate, D. R. Corbin; alternate, Ed. Moore; member board of censors, J. F. Slayden.

Dr. Ashley read selections from the code of ethics. A general discussion followed the reading, special attention being given to the articles referring to advertising, consultations, the relations of physicians to each other and to the public.

The next meeting will be held at Dexter on the first Wednesday in January. All physicians in the county are earnestly requested to attend our meetings.—Geo. W. Vernon, M. D. Reporter.

BOOK REVIEWS

SURGICAL SUGGESTIONS.—Practical Brevities in Surgical Diagnosis and Treatment. By WALTER M. BRICKNER, M. D., Chief of Surgical Department, Mount Sinai Hospital Despensary, New York, and ELI MOSCHOCOWITZ, M. D., Assistant Physician, Mount Sinai Hospital Dispensary, New York. New York: SURGERY PUBLISHING Co. 1906.

Surgical Suggestions should be in the hands of every practitioner old or young, kept at hand continually, and committed to memory. It covers all subjects in a terse, epigrammatic manner that will be enjoyed by all.

All material is grouped under side headings in red so that matter is easily referred to.

PHARMACY—QUIZ COMPEND. By F. E. Stewart, M. D., Ph. G., P. Blakiston's Sons & Co., 1012 Walnut St., Philadelphia. Price, $1.00.

The Compend on Pharmacy is a very desirable sample of its kind. Students will derive a great deal of benefit from the concise manner of putting the subject matter, and for the practitioner it is a handy volume for reference.

WALTER REED AND YELLOW FEVER. By Howard a Kelly, M. D. Nek York. McClure, Phillips & Co. 1906.

This biography of Walter Reed of Yellow Fever renown is a volume to be read with great zest by the man or woman who enjoys the struggles and successes of their fellows.

Every physician should read the book and especially those who think themselves circumscribed by environment. The man of abundant opportunity seldom develops; but the man who struggles never fails to do so. The book is printed in large type with wide margins, making it a very enjoyable volume.

CHRISTIANITY AND SEX PROBLEMS. By Hugh Northcote, M. A. Crown Octavo, 257 Pages. Bound in Extra Cloth. Price, $2.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This volume is scholarly in research and diction, but coupling christianity and sex problems seems so incongruous that we have read the book with not a little curiosity.

This work will be interesting to scholars in and out of the medical profession, but limited in its utility for the rank and file.

ATLAS AND TEXT BOOK OF HUMAN ANATOMY. Volume 1. By Professor J. Sobotta, of Wurzburg. Edited with additions, by J. Playfair McMurrich, A. M., Ph. D., Professor of Anatomy at the University of Michigan, Ann Arbor. Quarto volume of 258 pages, containing 320 illustrations, mostly all in colors. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $6.00 net; Half Morocco, $7.00 net.

This entirely new work on human anatomy is undoubtedly the most beautiful and practical ever produced, the numerous large quarto-size plates representing in colors the anatomic structures with wonderful accuracy and clearness. Professor Sobotta's concise, yet clear style, so admirably maintained in the English translation, makes the work an ideal text-book for the student and an invaluable aid to the physician, surgeon, and anatomist. Volume 1 treats of bones, ligaments, joints, and muscles.

NOTES.

The Century promises for 1907 a remarkable list of fiction, more, and more exquisite color work than ever, and special articles that will cover a wide range of vital and timely topics.

A. E. W. Mason's brilliant novel, "Running Water," will continue through several months; and arrangements are made to give new subscribers from November the numbers containing the earlier chapters. In an early issue will begin a new serial, "Come and Find Me," by Elizabeth Robbins. Mrs. France Hodgson Burnett's new novel, "The Shuttle," begins in the November *Century*. It is the expectation of those who have read the manuscript that popular opinion will rank this "novel of social internationalism" as the greatest work Mrs. Burnett has yet accomplished: Of unique interest will be E. W. Sripture's article on "The German Emperor's Voice," which will include a brief, unpublished eassay by Emperor William himself. Fresh recollections of Whistler have been written by Cyrus Cuneo and Otto Bacher.

A fuller announcement of the good things of 1907 will be sent to any address on request by The Century Company, Union Square, New York, City.

St. Nicholas in 1907.—The girl or boy grows up without the companionship of *St. Nicholas* misses a pleasure and an influence for good, for which nothing in later years can atone. Make *St. Nicholas* your children's friend in 1907.

Its pages will be rich the coming year with a series of fairy tales by Frances Hodgson Burnett. The author of "Mrs. Wiggs of the Cabbage Patch" has written a serial story for boys; there is to be a special "Abbie Ann," from the author of the Emmy Lou stories and an abun-"Abbie Ann," from the author of Emmy Lou stories and an abun-dance of other material for the boys and girls.